Name in Full: Kate Ahles

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Baltimore

Date of death 1904: Month: Dec — Day: 15½ — Age: Years: 74 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: None

Name of ~~Wife or~~ Husband: Fred. Ahles

Father's Name: dont know — Father's Birthplace: Germany

Mother's Maiden Name: dont know — Mother's Birthplace: Germany

Name of person giving Information: Mary Rockstroh — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia & Old Age — How long: few days

Immediate: consestion Lungs — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E W Lancey M.D.

Address: 304 Bank St E.B.

Accident or Suicide?

LIBRARY BUREAU A88516

Germanus Strance

Holy Redeemer Cemetery

March 16th 1904

Name in Full: Catharine Euchler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Highlandtown (Town) — Balto (County)

Date of death: 1901 — Month: 3 — Day: 25 — Years: 67 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: House wife — Where Residing if not at place of death: 16 Eq Eastern Ave Road

Married, Single or Widowed: Married — Name of Wife or Husband: John Euchler

Father's Name: Philip Gullrich — Father's Birthplace: Germany

Mother's Maiden Name: Don't Know — Mother's Birthplace: Germany

Name of person giving Information: Annie Guessler — How related to deceased: daughter.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes Mellitus — How long: Several years.

Immediate: Coma + Exhaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas. L. Thrax

Address: 3 Ed Gough

Highlandtown.

Accident or Suicide? No

LIBRARY BUREAU A88016

John Herwig & Son
2008 Oilans St.
Balto Co.
3/27/04

Name in Full: W. Thomas Akehurst

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Spark Sta — County: Balto Co

Date of death: Month: Mar — Day: 8 — Year: 1904 — Age: Years: 34 — Months: 2 — Days: 9

Sex: Male — Color or Race: White — Birthplace: Balto Co

Occupation: Engineer — Where Residing if not at place of death: 28 2 Hanover Ave Balto City

Married, Single or Widowed: Married — Name of Wife or Husband: Jessie Akehurst

Father's Name: Charles Akehurst — Father's Birthplace: Balto Co

Mother's Maiden Name: not Known — Mother's Birthplace: " "

Name of person giving Information: Charles Akehurst — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accident - Railroad — How long: -

Immediate: Scalded to death — How long: -

Are the name, age, sex, color, date and place correctly given above? Y

Signature of Physician: G. W. Thompson Jr. M.D.

Address: Phoenix

Accident or ~~Suicide~~?

LIBRARY BUREAU A6581B

Balto City – Md –

A S Marshall

3539 Fall Road –

Name in Full: Sarah Edna Allison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Evergreen; County: Baltimore

Date of death: 1904; Month: March; Day: 19; Years: Age 13; Months: 8; Days: 11

Sex: Female; Color or Race: White; Birthplace: Baltimore

Occupation: School girl; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Jno. F. Allison; Father's Birthplace: Penna.

Mother's Maiden Name: Sarah M. Bounds; Mother's Birthplace: Md

Name of person giving Imformation: Jno. J. Allison; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: 18 mos

Immediate: Mitral Regur. & Endocarditis; How long: 2 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. Fiboans Frank

Address: Roland Park

Accident or Suicide?

LIBRARY BUREAU A88016

Freeland Balto Co Md

Mar 21 - 04

A S Marshall

3539 Fall Road

Jesus Is Lord

Name in Full: Mary Angilina Athanasso.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Winans — County: Baltimore

Date of death 1904 — Month: March — Day: 18 — Age: Years — Months — Days: 9

Sex: Female — Color or Race: white — Birthplace: America

Married, Single or Widowed — Occupation: —

Name of Wife or Husband: —

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Father's Name: Jonathen Athanasso — Father's Birthplace: Greece

Mother's Maiden Name: Angilina Athanasso — Mother's Birthplace: Greece

Name of person giving In formation: Jonathen Athanasso — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 2 days

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arg W. Miller Coroner

Address: Mt Winans. Md.

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Wallace Ayers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sunny Brook — County: Baltimore

Date of death 1904: Month: March — Day: 1

Age: Years: 8 — Months: 6 — Days: 5

Sex: Male — Color or Race: Black — Birthplace: Baltimore

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Quigley Geo — Father's Birthplace: Baltimore

Mother's Maiden Name: ~~Walters~~ Ayers Mary — Mother's Birthplace: Baltimore

Name of person giving information: ~~Wife's Sister~~ Walters Mary — How related to deceased: Wife's Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculer Pleurites. — How long: 4 months

Immediate: Septicemea — How long: 2 days.

Are the name, age, sex, color, date and place correctly given above? To best of my knowledge

Signature of Physician: Frederick Dougdale

Address: Sunny Brook Balt Co Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: James W. Baldwin

100.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Baldwin — County: Baltimore

Date of death: 1904 — Month: March — Day: 3rd

Age: Years: 84 — Months: 1 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John Baldwin — Father's Birthplace: Maryland

Mother's Maiden Name: Hannah Swinn — Mother's Birthplace: "

Name of person giving Imformation: Annie C. Baldwin — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age — How long:

Immediate: "La Grippe" — How long: Ten days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. S. Green

Address: Gittings Md.

Accident or Suicide?

LIBRARY BUREAU A69816

Name in Full: William Lamy Bamblitz

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bucklysville — County: Balto

Date of death 190 4 — Month: 3 — Day: 18 — Age: Years 23 — Months 2 — Days 6

Sex: male — Color or Race: White — Birthplace: Bucklysville Md

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Bertha Bamblitz

Father's Name: George Bamblitz — Father's Birthplace: Bucklysville Md

Mother's Maiden Name: Bertha Tracy — Mother's Birthplace: Baltimore City

Name of person giving Information: Mrs Bamblitz — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 2 years

Immediate: Heart Failure — How long: 2 or 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. M. Rish. M.D

Address: Bucklysville Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Lafayette Banes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hurrisonville — County: Bucks

Date of death: Month: 3 — Day: 23 — Age: Years: 79 — Months: 3 — Days: 18

Sex: Male — Color or Race: white — Birthplace: Penna

Occupation: farmer — Where Residing if not at place of death: at Place of death

Married, Single or Widowed: married — Name of Wife or ~~Husband~~: Emeline Banes

Father's Name: Jo. M. Banes — Father's Birthplace: Penna

Mother's Maiden Name: Ann Miles — Mother's Birthplace: don't know

Name of person giving information: Emeline Banes — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cystitis & Renal — How long: 10 yrs

Immediate: General debility & heart failure — How long: 1 wk

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno E Bolk

Address: Hurrisonville Md

Accident or Suicide?

LIBRARY MONLAO A38516

Name in Full: Warren Sylvester Bayne

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Sparrows Point — County: Baltimore

Date of death: 1904 — Month: March — Day: 31

Age — Years: — Months: 4 — Days: 18

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John T. Bayne — Father's Birthplace: Maryland

Mother's Maiden Name: Minnie F. Bowers — Mother's Birthplace: Maryland

Name of person giving Information: John T. Bayne — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: 4 months

Immediate: Exhaustion — How long: Three days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. R. Hodge M. D.

Address: Sparrows Point, Md.

Accident or Suicide?

LIBRARY BUREAU A08816

Name in Full: John E. Becker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Caves Road — County: Baltimore

Date of death 1904: Month: Mar — Day: 21 — Age: Years: — Months: 10 — Days: —

Sex: Male — Color or Race: white — Birthplace: Balto Co Md

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: wm Becker — Father's Birthplace: Carroll Co Md

Mother's Maiden Name: Ida Sterns — Mother's Birthplace: Balto Co Md

Name of person giving In formation: wm Becker — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 3 or 4 weeks

Immediate: Pneumonia — How long: about one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Campbell

Address: Owings Mills Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Edna Bell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Parkton — County: Baltimore

Date of death 1904 — Month: 3 — Day: 22

Age — Years: — Months: — Days: 16 hours

Sex: Female — Color or Race: White — Birthplace: Parkton, Md.

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: John E Bell — Father's Birthplace: Balto Md.

Mother's Maiden Name: Cora Knight — Mother's Birthplace: Carroll Co Md.

Name of person giving information: John E Bell — How related to deceased: Husband. Father

151

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: Term

Immediate: General Failure — How long: Since Birth. Within 2 min of full.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. E. Mitchell

Address: R.F.D. 2 Woodstock Md.

Accident or Suicide?

LIBRARY BUREAU A86316

Name in Full George Bennett

Certificate of Death

Died at Highland (Town) Balto (County) MARYLAND

Date 1904 Month 3 Day 6 Age Y. 3 M. D. Native of md Occupation —

Male ~~Female~~ White ~~Colored~~ Single ~~Married~~ ~~Widowed~~ ~~Divorced~~

Number of children living 6,

Husband of Wife

Father's Name Wm J. Bennett

Mother's Name Ida Bennett

Cause of Death: Primary Pneumonia — How long sick 5 days.

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by A. L. Warner

Address 1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65678

Name in Full: Harry Blondell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Balto

Date of death 1904: Month: March; Day: 12; Age — Years: .; Months: 2; Days: —

Sex: Male; Color or Race: white; Birthplace: Balto Co

Married, Single or Widowed:

Occupation: —

Name of Wife or Husband:

Father's Name: Harry W Blondell; Father's Birthplace: Balto city

Mother's Maiden Name: Jennie Wenninger; Mother's Birthplace: " Co

Name of person giving Information:

How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions; How long: 2 days

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. N. Bliley, M.D.

Address: 2. Eastern Ave

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Elizabeth Booker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roland Park; County: Baltimore

Date of death 1904: Month: March; Day: Second; Age: Years: 56; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Virginia

Married, Single or Widowed: Widowed; Occupation: Nurse

Name of Husband: Frank Booker

Father's Name: Boone; Father's Birthplace: Was not born

Mother's Maiden Name: Unknown - Burns; Mother's Birthplace: "

Name of person giving information: Mrs Wm L. Marbury; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hypertrophy of Heart; How long: Several months

Immediate: Lesion of Mitral Valve; How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. Fibbons Frank

Address: Roland Park

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Felix B. Pye

Name in Full: Mary G. Brenner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Baltimore

Date of death 1904 — Month: 3 — Day: 25 — Age — Years: 62 — Months: 11 — Days: 15

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Henry Brenner

Father's Name: Henry Kriese — Father's Birthplace: Germany

Mother's Maiden Name: Mary Hanson — Mother's Birthplace: Germany

Name of person giving In formation: Henry Brenner — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long

Immediate: Heart failure — How long

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: E. Mc Carney

Address: 1114 E. Chase St

Accident or Suicide?

LIBRARY BUREAU A2981B

Mount Carmel

H. Sander Sons

Name in Full: John L. Brewer

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) St. Agnes' Hospital, (County) Balto. MARYLAND

Date of death	Month	Day	Years	Months	Days
1904	March	17	Age 45		

Sex: Male

Color or Race: White

Birth-place: Balto. Co.

Occupation: Butcher

Where Residing if not at place of death: Lombard & Dallas

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank Dorsey M.D.

Address: St. Agnes' Hospital, Balto Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John A. Briscoe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died ~~at~~ near Town: Hollofields — County: Baltimore

Date of death: Month: Oct — Day: 5 — 1904 — Age: Years 73 — Months 3 — Days 8

Sex: Male — Color or Race: White — Birthplace: St Mary's Co Md

Occupation: Farmer — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name of ~~Husband~~ or Wife: Elizabeth Smithson Mellee

Father's Name: Charles L. Briscoe — Father's Birthplace: Md

Mother's Maiden Name: Catherine Thompson — Mother's Birthplace: Md

Name of person giving information: Mrs E. S. Briscoe — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — How long: 5 Yrs 6 Months 2

Immediate: Cardiac Asthenia

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. W. B. Gambrill

Address: Alberton

Howard Co Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88816

Jos B Cook F. D.

Bury at Balls. Green Mt Cem

Name in Full: Chas W Brooks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frederick — County: Frederick

Date of death 190 1 — Month: 3 — Day: 31 — Age — Years: 54 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Ella Brooks

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer — How long: 6 mo

Immediate: Cancer stomach — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas H Urban MD

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A8013

Name in Full

Certificate of Death

Elija Brooks

Died at Granite, Town — Balto, County — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Mar	6	about 72 yr			Md	none

Date 1904

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 5

~~Husband~~ Wife of Samuel Brooks, 40.

Father's Name James Benson

Mother's Maiden Name Annie Brocket

Cause of Death — Primary: Gastric Carcinoma — How long sick: one year

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by B. D. Stephens M.D.

Address Granite Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

Name in Full

John W. Brown

Certificate of Death

Died at Town: Mights Mill County: Baltimore MARYLAND

Date 1904 Month: Mch Day: 12 | Age Y.: 27 M.: 5 D.: 14 | Native of: Fred. Co Md. | Occupation: Laborer

Male ~~Female~~ | Colored ~~White~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living None

Husband ~~Wife~~ of Mary Foote

Father's Name: Stephen Brown | Mother's Name: Annie Prater

Cause of Death: Primary: Pneumonia | How long sick: 10 days

Immediate: Cardiac Asthenia

~~Accident, Suicide, Homicide~~

Reported by Wm B. Glambrill

Address Alberton Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full: Lotta Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: St Helena — County: Baltimore

Date of death — Month: March — Day: 15th — Year: 1904 — Age: 28 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Virginia

Occupation: Housewife — Where Residing if not at place of death: St. Helena

Married, Single or Widowed: Married — Name of Wife or Husband: Thomas Brown

Father's Name: Nathan Williams — Father's Birthplace: Virginia

Mother's Maiden Name: dont know — Mother's Birthplace:

Name of person giving Imformation: Thomas Brown — How related to deceased: Husband

93

CAUSES OF DEATH

TO BE ANSWERED BY PHYSICIAN OR CORONER

Primary: Pleuro Pneumonia — How long: 2 weeks

Immediate: exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. McCormick M.D.

Address: Sparrows Point Md.

Accident or Suicide? no

LIBRARY BUREAU A88016

Name in Full: Neddie Butler.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville. County: Balto.

Date of death 1904: Month: Mar. Day: 14. Age: Years: 8. Months: Days:

Sex: Female. Color or Race: Col'd. Birthplace: Md.

Married, Single or Widowed: Single. Occupation: None.

Name of Wife or Husband: X

Father's Name: X. Father's Birthplace: X

Mother's Maiden Name: X. Mother's Birthplace: X

Name of person giving In formation: X. How related to deceased: X

34.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosity. How long: Life

Immediate: General Miliary Tuberculosis. How long: 1 Mo.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. Ritz Rader

Address: Catonsville Md

Accident or Suicide? No.

LIBRARY BUREAU A86516

Name in Full: Archibald Jenkins Casey

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Roland Park County: Baltimore

Date of death 1904: Month: March Day: 23 Age: Years: 1 Months: 2 Days: 27

Sex: Male Color or Race: White Birthplace: Balto. Co. Md.

Married, Single or Widowed: Single Occupation: None

Name of Wife or Husband:

Father's Name: Henry V. Casey Father's Birthplace: Balto. Md.

Mother's Maiden Name: Regina Donohoe Mother's Birthplace: Wash. D. C.

Name of person giving information: Henry V. Casey How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Influenza How long: 1 Week

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Brokes

Address: 208 W. Monument St.

Accident or Suicide?

LIBRARY BUREAU A88516

Henry H. Mears and Son

Cathedral Cemetery

Name in Full: Milton D. Casey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: South Towson; County: Balto.

Date of death: Month: 3; Day: 20; 1904

Age: Years: —; Months: 3 weeks; Days: —

Sex: Male

Color or Race: White

Birthplace: Towson

Occupation: —

Where Residing if not at place of death: Towson

Married, Single or ~~Widowed~~: Single

Name of Wife or Husband: —

Father's Name: Joseph Casey

Father's Birthplace: md.

Mother's Maiden Name: Grace Gorsell

Mother's Birthplace: md.

Name of person giving information: S. S. Gorsell

How related to deceased: grandmother

05

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis — How long: 3 days

Immediate: Cardiac Asthenia — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Fenton Emrich M.D.

Address: Towson Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88613

John Burns Sons

Presbyterian

cem.

Govans

Name in Full: Paul Caulfard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope; County: Baltimore

Date of death: 1904 Month: 3rd Day: 10th

Age: Years 44 Months Days

Sex: Male

Color or Race: White

Birthplace: Belair Md

Occupation: Machinist

Where Residing if not at place of death

Married, S. or Widowed

Name of Wife or Husband: Catherine Caulfard

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

L 8

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Mania

How long: 9 months

Immediate: Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. L. Emsor M.D.

Address: Mt Hope Md

Accident or Suicide? No

LIBRARY BUREAU A88515

Name in Full: Sarah Chamberlain -

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mt Hope Retreat County: Baltimore

Date of death 1904 | Month: — | Day: — | Years: 76 | Months: — | Days: —

Sex: Female | Color or Race: White | Birthplace: Liberty Mass

Occupation: Dyhler of Tailer | Where Residing if not at place of death: Liberty Town Pa.

Married, Single or Widowed: Single | Name of Wife or Husband: —

Father's Name: — | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving Information: Rec'd Mt Hope | How related to deceased: not at all -

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Mania - | How long: 7 or 8 years

Immediate: Cardiac Asthenia - | How long: —

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician: Frank J. Flanning

Address: Mt Hope Retreat -

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: Mrs Elizabeth J. Chilcoat

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shawan; County: Baltimore

Date of death 1904: Month: 3; Day: 12; Age: Years: 72; Months: 4; Days: 5

Sex: Female; Color or Race: White; Birthplace: Western Run Valley

Married, Single or Widowed: Married; Occupation: Housewife

Name of ~~Wife or~~ Husband: George Chilcoat Jr Geo.

Father's Name: Dr. Lewis Griffith; Father's Birthplace: Harford Co Md

Mother's Maiden Name: Rebecca Scott; Mother's Birthplace: Butler Md

Name of person giving information: George Chilcoat Jr Geo.; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis of Brain; How long: Immediate

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Doak M.D.

Address: Butler Md

Accident or Suicide?

LIBRARY BUREAU A89516

Interment at Friends
Old Meeting House
Oregon March 13-4

Name in Full: Gertrude Claggett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Randallstown — County: Baltimore

Date of death: Month: 3 Day: 12 1904 — Age: Years: 41 Months: Days:

Sex: female — Color or Race: white — Birthplace: Baltimore

Occupation: Housewife — Where Residing if not at place of death: Randallstown

Married, Single or Widowed: married — Name of Wife or Husband: Chas. R. Claggett

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Traeschmair — Father's Birthplace: Germany

Mother's Maiden Name: Anna Traeschmair Dec'd — Mother's Birthplace: Germany

Name of person giving information: Chas. R. Claggett — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 6 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. E. Bell, M.D.

Address: Harrisonville Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Carrie A. Clayton

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baldwin; County: Baltimore

Date of death: 1904; Month: March; Day: 16; Years: Age 26; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Harford Co.

Occupation: Housewife; Where Residing if not at place of death: Baltimore

Married, ~~Single or Widowed~~: Name of ~~Wife or~~ Husband: Josiah Clayton

Father's Name: Thos. O. Carman; Father's Birthplace: — —

Mother's Maiden Name: Carrie Schneider; Mother's Birthplace: — —

Name of person giving Imformation: Josiah Clayton; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis; How long: 2 Yrs.

Immediate: 11 11; How long: 2 Yrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. F. D'Gonesch M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Martha A Cleary

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Middle River — County: Balto

Date of death 1904: Month: Mar — Day: 24 — Age: Years: 59 — Months: 10 — Days: 11

Sex: Female — Color or Race: white — Birthplace: Pa.

Married, Single or Widowed: Widow — Occupation: H W

Name of Wife or Husband: —

Father's Name: John Broadbelt — Father's Birthplace: England

Mother's Maiden Name: Martha Kitson — Mother's Birthplace: England

Name of person giving information: S. J. Watson — How related to deceased: Cousin

43.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Breast — How long: 2 years

Immediate: asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John W Hanson M D

Address: Middle River Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Wm L Cale

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lauraville; County: Balto

Date of death: Month: Mar; Day: 1; Years: 54; Months: 4; Days:

Sex: male; Color or Race: white; Birthplace: Alex Va

Occupation: Watchman; Where Residing if not at place of death:

Married, Single or Widowed: widower; Name of Wife or Husband:

Father's Name: James L Cale; Father's Birthplace:

Mother's Maiden Name: Mary E Cale ND; Mother's Birthplace:

Name of person giving Imformation: Wm E Cale; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe; How long: 6 days

Immediate: Heart failure; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D Cosgrove md

Address: Govdenville md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Eva V. Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Baltimore

Date of death 190 4: Month: 3; Day: 11

Age: Years: 12; Months: —; Days: 15

Sex: Female

Color or Race: White

Birthplace: Baltimore

Married, Single or Widowed: Single

Occupation: None

Name of Wife or Husband:

Father's Name: James E. Cooper

Father's Birthplace: Baltimore

Mother's Maiden Name: Katie E. Nash

Mother's Birthplace: Baltimore

Name of person giving information: James E. Cooper 33

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberecular Colitis

How long: 1 yr 8 wks.

Immediate: Exhaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Tyson

Address: 1735 N Broadway

Accident or Suicide?

LIBRARY BUREAU A88918

Green Mount Cemetery

H. Sander & Sons

Name in Full: John Cotter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton; County: Baltimore

Date of death 1904: Month: March; Day: 16th; Age: Years: 70; Months; Days

Sex: Male; Color or Race: White; Birthplace: Ireland

Married, Single or Widowed: Widower; Occupation: Laborer

Name of Wife ~~or Husband~~: Margaret Lynch Cotter

Father's Name: don't know; Father's Birthplace: Ireland

Mother's Maiden Name: don't know; Mother's Birthplace: Ireland

Name of person giving information: Ellen Cotter; How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility; How long

Immediate: Asthenia.; How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. C. Thieme M.D.

Address: 128 S. Bl'way.

~~Accident or Suicide~~?

LIBRARY BUREAU A38516

Germanus France

March 17th 1904

Texas Ballo Co.

Name in Full: William Oliver Cox

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Forrestown | County: Balto

Date of death 190 4: Month: 3 | Day: 11 | Age: Years: 0 | Months: 3 | Days:

Sex: Male | Color or Race: White | Birthplace: Forrestown

Married, Single or Widowed: | Occupation:

Name of Wife or Husband:

Father's Name: Oliver Cox | Father's Birthplace: Black Rock

Mother's Maiden Name: Sallie Disney | Mother's Birthplace: Buckeysville

Name of person giving Information: | How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro-Spinal meningitis | How long: 3 or 4 days

Immediate: Convulsions | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D Burk M D

Address: Buckeysville Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Rebecca Margrett Craig

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Govanstown — County: Baltimore

Date of death 1904 — Month: Mar — Day: 5 — Age: Years 2 — Months — — Days 21

Sex: Female — Color or Race: White — Birthplace: Govanstown

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Linton Craig — Father's Birthplace: Pikesville Balto co

Mother's Maiden Name: Maggie James — Mother's Birthplace: northumberland co Pa

Name of person giving information: Chas Linton Craig — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid-pneumonia — How long: 5 weeks

Immediate: Exhaustion — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H C Kees M.D.

Address: STATION H, (GOVANS), BALTIMORE, MD.

~~Accident or Suicide?~~

LIBRARY BUREAU A69916

Born Feb 13 - 1902

Name in Full: Mary Crane

CERTIFICATE OF DEATH

MARYLAND

Died at Mt Hope Town; County: Balto.

Date of death 1904 / Month: March / Day: 26th / Age: Years 39 / Months / Days

Sex: Female | Color or Race: White | Birthplace: Ireland

Occupation: Housewife | Where Residing if not at place of death: 840 W. Pratt St Balto.

Married, Single or Widowed | Name of Wife or Husband: Walter Crane

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information | How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Puerperal Paraplegia | How long: 3 Months

Immediate: Hypostatic Congestion 2nd to Heart Exhaustion | How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. B. Emmor M.D

Address: Mt Hope Md.

Accident or Suicide? No

LIBRARY BUREAU A88018

Name in Full: Julia R. Crilley

10 53

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Baldwin — County: Baltimore

Date of death: 1904 March 26 — Age: Years — Months: Four — Days:

Sex: Female — Color or Race: White — Birthplace: Balto. Co. Md.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Crilley — Father's Birthplace: Balto. Co. Md.

Mother's Maiden Name: Catherine Hagan — Mother's Birthplace: " " "

Name of person giving Information: " " — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: One month or more

Immediate: Pneumonia — How long: Ten days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. S. Green

Address: Gittings

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Grace Ethelyn Crombie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Monkton (County) Balto.

Date of death	Month	Day	Age Years	Months	Days
1904	3	4	12	2	

Sex: Female | Color or Race: White | Birthplace: New York

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single | Name of Wife or Husband: —

Father's Name: Clarence H. Crombie | Father's Birthplace: New York

Mother's Maiden Name: Grace G. Hunt. | Mother's Birthplace: New York

Name of person giving information: Grace G. Crombie | How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation | How long: 1 yr

Immediate: Cardiac Dilatation | How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Ross Payne

Address: Corbett Md.

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: James Millard Cullum

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CERTIFICATE OF DEATH

Died at — Town: Long green — County: Baltimore County — MARYLAND

Date of death 1904 — Month: March — Day: 29 — Age — Years: 8 — Months: nine — Days: days

Sex — Color or Race: white — Birthplace: Long green

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: John. Cullum — Father's Birthplace: Harford County

Mother's Maiden Name: Iris Kyle — Mother's Birthplace: Harford County

Name of person giving Imformation: John Foard — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La'Grippe — How long: 4 weeks

Immediate: Meningitis — How long: One week

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: Jno. A. Green

Address: Gittings Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Adelbert L Dietz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highlandtown — County: Baltimore

Date of death 1904 — Month: Mch — Day: 14 1/2

Age — Years: — Months: — Days: 13

Sex: Male

Color or Race: White

Birthplace: Md

Married, Single or Widowed: Single

Occupation: None

Name of Wife or Husband:

Father's Name: Adelbert Dietz

Father's Birthplace: Md

Mother's Maiden Name: Mary Buttner

Mother's Birthplace: Md

Name of person giving In formation: Adelbert Dietz

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: 2 days.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J C Schofield

Address:

Accident or Sulcide?

LIBRARY BUREAU A88516

Sacred Heart Cem

Mch. 15th 1904

Germanus France

Name in Full: Frederick Dietzel -

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lansdowne — County: Baltimore

Date of death 1904 — Month: March — Day: 2 — Years: Age 82 — Months — Days

Sex: Male — Color or Race: White - — Birthplace: Germany

Married, ~~Single~~ or Widowed — Occupation: Retired Farmer.

Name of ~~Wife~~ or Husband: Elizabeth Dietzel.

Father's Name: unknown — Father's Birthplace: Germany

Mother's Maiden Name: Gerlinde — Mother's Birthplace: " "

Name of person giving Information: Geo. Dietzel — 154 — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Debility & Age — How long —

Immediate: Paralysis & Exhaustion — How long 1 Week

Are the name, age, sex, color, date and place correctly given above? yes,

Signature of Physician: Frank H Kable

Address: Lansdowne. Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Aaron Disney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Baltimore

Date of death 1904	Month	Day	Age: Years	Months	Days
	3	22	60	11	

Sex: Male — Color or Race: White — Birthplace: Balto County

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Ann Disney

Father's Name: Alexander Disney — Father's Birthplace: Maryland

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

Name of person giving information: Ann Disney — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis — How long: 5 years

Immediate: Exhaustion — How long: 1 year

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Schwatka M.D.

Address: 2429 Fait Ave

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88318

Mount Carmel

H. Sander Sons

Name in Full: Benito Aznar Donde

CERTIFICATE OF DEATH

Died at: Mt Hope — Town: Mt Hope — County: Baltimore — MARYLAND

Date of death: 1904 March 30th — Age: 57 Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Yucatan

Occupation: Clerk — Where Residing if not at place of death: New York City

Married, Single or Widowed: ~~Married~~ — Name of Wife or Husband:

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Dementia — How long: 30 Yrs.

Immediate: Pneumonia (Relapse) — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: C B Eusor M.D.

Address: Mt Hope Md.

Accident or Suicide? NO for Interment at New Cathedral Cemetery

PHYSICIAN OR CORONER

LIBRARY BUREAU A88810

Name in Full

John Dougherty

Certificate of Death

Died at Town Balto. Co. County Aliquippa — MARYLAND

Date 1901 Month 3 Day 24 | Age Y. 58 M. D. | Native of Md. | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name John Dougherty | Mother's Maiden Name

Cause of Death { Primary Nephritis | Immediate | How long sick about a year

Reported by Dr. Thos. G. Bussey

Address Tenleytown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Texas Cavalry
Branch 26 "
M. C Brooks

Name in Full: Arthur Drew

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat — County: Baltimore

Date of death: 1904 — Month: March — Day: 23rd — Years: Age 67 years — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Boiler Maker — Where Residing if not at place of death: Baltimore Md.

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: Ireland

Mother's Maiden Name: — — Mother's Birthplace: " "

Name of person giving Information: Rects of Mt Hope Retreat — How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Chronic — How long: 11 years

Immediate: Pul-Congest - Cardiac Asthenia - — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full: Madeline Duncan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Whitehall; County: Baltimore

Date of death: Month: 3; Day: 30; 1907

Age: Years: 69; Months: 4; Days:

Sex: Female

Color or Race: White

Birthplace: Balto

Occupation: Retired

Where Residing if not at place of death: Whitehall Md

Married, Single or Widowed: Widow

Name of Wife or Husband:

Father's Name: James Jones

Father's Birthplace: Va

Mother's Maiden Name: Elizabeth Pluccip

Mother's Birthplace: Balto

Name of person giving Imformation: Mrs Alice D Read

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accident R R injury

How long: Sudden

Immediate: Crushed skull

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W E Anderson Coroner

Address: Whitehall Md

Accident ~~or Suicide~~? Accident

LIBRARY BUREAU A88516

Name in Full: Robert Lee Elkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Consumptive Hosp. County: Balto. Co.

Date of death 1904 — Month: 3 — Day: 10 — Years: Age 38 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Unknown

Married, Single or Widowed: Widower — Occupation: Butler

Name of Wife or Husband: Don't Know

Father's Name: Don't Know — Father's Birthplace: Unknown

Mother's Maiden Name: Don't Know — Mother's Birthplace: Unknown

Name of person giving In formation: Mrs Hoffman — How related to deceased: No relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 5 months

Immediate — How long: 5 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H A Daniels

Address: Towson, Md.

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Evans & Spence

Mt. Olivet

Name in Full: Elizabeth Ann Elliott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: White Hall; County: Baltimore

Date of death 1904: Month: March; Day: 4

Age: Years: 80; Months: 2; Days: 5

Sex: Female

Color or Race: White

Birthplace: Maryland

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband:

Father's Name: Abraham

Father's Birthplace: Maryland

Mother's Maiden Name: Cunningham

Mother's Birthplace: Ireland

Name of person giving information: M. Lula Elliott

How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe — How long: 2 weeks

Immediate: Cardiac Asthenia — How long: 6 hours. ~~2 weeks~~

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas C. Baldwin

Address: White Hall Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Lleliah J Enson

Died at Town: Western Run County: Balto. MARYLAND

Date 19 04 Month: 3 Day: 29 | Age Y. 44 M. D. | Native of Md | Occupation Housewife

~~Male~~ / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 6.

~~Husband~~ / Wife of Joseph Enson

Father's Name Leo L. Enson | Mother's Maiden Name Ruth Ann Enson

Cause of Death — Primary: Pulmonary Tuberculosis | How long sick: 4 years

Immediate: Asthenia

~~Accident, Suicide, Homicide~~

Reported by Wilmer C. Enson M.D.

Address Cockeysville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

To be buried at
Primitive Baptist
church Butler
on ~~Saturday~~ Friday April 2.

1904

by me A. V. Ensor

Name in Full: Franz Joseph Erhardt

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton; County: Baltimore

Date of death 1904: Month: March; Day: 8

Age: Years: 65; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Germany

Married, Single or Widowed: Married

Occupation: Janitor

Name of Wife or ~~Husband~~: Annie Edelman Erhardt

Father's Name: Lorenz Erhardt

Father's Birthplace: Germany

Mother's Maiden Name: Maria Baum

Mother's Birthplace: Germany

Name of person giving information: Annie Erhardt

How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Softening of brain.

How long: about 2 years

Immediate: Cardiac Paralysis

How long: some days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. W. Schwesche, M.D.

Address: 1013 Canton St.

Accident or Suicide?

LIBRARY BUREAU A66016

Germanus France

Sacred Heart Cemetery

March 12th 1904

Name in Full: John R. Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Aella — County: Baltimore

Date of death 1904: Month: March — Day: 15

Age: Years: 5 6 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Mill Hand

Name of Wife or Husband: Sarahann Fisher

Father's Name: John Jr Fisher — Father's Birthplace: Germany

Mother's Maiden Name: Margaret Fisher — Mother's Birthplace: ..

Name of person giving In formation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebro Spinal Degeneration — How long: 2 Years

Immediate: Asthenia — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: Ellicott City Md

PHYSICIAN OR CORONER

Accident or ~~Suicide~~?

LIBRARY BUREAU A88316

Name in Full: Elizabeth R. Flemming

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Lake Shore — County: Balto

Date of death 1904: Month: Mar — Day: 26 — Age: Years: 69 — Months: 2 — Days: 17

Sex: Female — Color or Race: White — Birthplace: Scotland

Married, Single or Widowed: Widow — Occupation: None

Name of Wife or Husband: —

Father's Name: Alex Smith — Father's Birthplace: Scotland

Mother's Maiden Name: Lyzzie Smith — Mother's Birthplace: " "

Name of person giving information: Geo A. Flemming — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac failure following — How long: 7 days

Immediate: La Grippe — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo A Flemming

Address: 1018 Madison ave.

Accident or Suicide?

LIBRARY BUREAU A693916

Greenmount Cem.

Evans + Spence

Name in Full: James F Flynn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton — County: Baltimore

Date of death 1904: Month: 3 — Day: 10

Age: Years: — Months: — Days: 1

Sex: Male — Color or Race: White — Birthplace: Canton

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: Wm L O Flynn — Father's Birthplace: America

Mother's Maiden Name: — Mother's Birthplace: "

Name of person giving information: Wm L O Flynn — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asphixia Neonatarum — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G C Bladen M.D.

Address: 143 N. Broadway

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Laura Fowble

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cavis road — County: Baltimore

Date of death: 1904 — Month: May — Day: 26 — Age: Years: 43 — Months: — Days: —

Sex: Female — Color or Race: white — Birthplace: Carroll Co Md

Occupation: House Keeper — Where Residing if not at place of death: Cavis road

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: William Fowble — Father's Birthplace: Carroll Co Md

Mother's Maiden Name: Catharine Richards — Mother's Birthplace: " " "

Name of person giving information: Elsie Armacost — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 3 or 4 days

Immediate: Pneumonia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H H Caufsbell

Address: Ewings Mills Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: William Martin Furney

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Powhatan — County: Balto

Date of death 1904 — Month: March — Day: 1 — Years: Age 79 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Carroll Co. Md

Married, Single or Widowed — Occupation: Carpenter

Name of Wife or Husband

Father's Name: Jacob Furney — Father's Birthplace: Md.

Mother's Maiden Name: Mary Marlin — Mother's Birthplace: Md.

Name of person giving information: J. D. Daniels. — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Stenosis — How long: 5 yrs 2 mo

Immediate: Angina Pectoris — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Smith

Address: Powhatan Md.

Accident or Suicide? —

LIBRARY BUREAU A66516

St Marys Cemetery
Baltimore Md.

Name in Full: Samuel M. Gable,

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Beckleysville (County) Baltimore.

Date of death 190 4 (Month) March (Day) 18th (Years) Age 57 (Months) (Days)

Sex: Male

Color or Race: White

Birthplace: Hundson, York Co. Pa.

Married, Single or Widowed: Married

Occupation: Druggist.

Name of Wife or Husband: Alice Gable.

Father's Name: Valentine Gable.

Father's Birthplace: York County Pa.

Mother's Maiden Name: Mary Miller.

Mother's Birthplace: York Co. Pa.

Name of person giving Information: J. C. Gable, M. D.

How related to deceased: Brother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Organic disease of heart.

How long: 3 or more months

Immediate: Probably Cardiac paralysis.

How long: Death sudden

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. C. Gable,

Address: 46 So. Beaver St. York, Pa.

Accident or Suicide? Neither.

LIBRARY BUREAU A88818

Name in Full: William Roshaer Gambrill

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Washington — County: Baltimore

Date of death 1904 — Month: March — Day: 15 — Age — Years: 0. — Months: 4 — Days: 26

Sex: male — Color or Race: white — Birthplace: Mt Washington

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Wm Elmer Gambrill Jr — Father's Birthplace: Mt Washington

Mother's Maiden Name: Edna Roshaer — Mother's Birthplace: Middletown Md

Name of person giving Information: W. M. E. Gambrill — How related to deceased: father

CAUSES OF DEATH

Primary: Pneumonia — How long: 13 days

Immediate: Asthenia — How long: 13 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: William J. Todd MD

Address: Mt Washington Md

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A8861G

A S Marshall

3539 Fall Road

Mar 17-04

Druid Ridge

Name in Full: Sarah A. Gartside

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Aella — County: Balto.

Date of death: Month: Mar. — Day: 10. — 1904

Age: Years: 80 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: Wilfaing Gartside — Father's Birthplace: England

Mother's Maiden Name: Ruth Rigby — Mother's Birthplace: Md.

Name of person giving Information: Albert J. Millor — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age — How long: declining

Immediate: General Debility — How long: some time

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: —

Address: James Clemens

Coroner — Aella, Md.

Accident or Suicide? —

TO BE ANSWERED BY CORONER

LIBRARY BUREAU A8331C

Name in Full: Jennie A. Ganey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington | County: Balto

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1907: Month 3 | Day 12 | Age: Years 67 | Months | Days

Sex: Female | Color or Race: White | Birthplace: Scotland

Occupation: Housework | Where Residing if not at place of death:

Married, Single or Widowed: Widow | Name of Wife or Husband:

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: Geo Ganey | How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis | How long: 5 years

Immediate: Dilatation Heart | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Morris D Traut M.D

Address: Mt Washington

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Alretta Gayleard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City; County: Baltimore

Date of death 1904: Month: March; Day: 28

Age: Years: 55; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Howard Co

Married, Single or Widowed: Single; Occupation: House Keeper

Name of Wife or Husband:

Father's Name: John Gaynard; Father's Birthplace: England

Mother's Maiden Name: Sahar Dewall; Mother's Birthplace: Howard Co.

Name of person giving In formation: William Crawford; How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis; How long:

Immediate: Exhaustion; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. B. Olney

Address: Ellicott City Md

Accident or Suicide? Neither

LIBRARY BUREAU A86516

Name in Full: Solomon A. Gephart

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Pikesville — County: Baltimore

Date of death 1904 — Month: 3 — Day: 14 — Years: 83 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Shoemaker

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: H. H. Mathews — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Debility — How long: some years

Immediate: Shock from fall on ice — How long: about 10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M D Thyn

Address: Pikesville Md

Accident or Suicide?

LIBRARY BUREAU A36816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Temperance E. A. Goodwin

Died at: Town: Towson — County: Balto.

Date of death 1904: Month: Mar. — Day: 25 — Years: Age 71 — Months — Days

Sex: female — Color or Race: white — Birthplace: Balto Co

Occupation: House wife — Where Residing if not at place of death: Towson

Married, Single or Widowed: Married — Name of Wife or Husband: John D. Goodwin

Father's Name: Solomon Bowen — Father's Birthplace: Md.

Mother's Maiden Name: Sarah Coale — Mother's Birthplace: Md.

Name of person giving information: John D. Goodwin — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General breakdown from age — How long: several years

Immediate: Exhaustion & heart failure — How long: several months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. M. Duncan

Address: Govanstown Md

Accident or Suicide?

LIBRARY BUREAU A86G16

John Burns Sons

Tovon

Presbeterian

Cemetery

Govanston

Name in Full

Wm H. Goodwin

Certificate of Death

Died at Town: Texas County: Balto. MARYLAND

Date 1904 Month: Mar. Day: 16 | Age Y. 84 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living None

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary Bronchitis

Immediate and Nephritis

91.

How long sick Several weeks

Accident, Suicide, Homicide

Reported by B. F. Durrey M. D.

Address Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Interment at
Sherwood Cemetery
Friday 13th "

Name in Full: Catherine Henderson Goslin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roland Park; County: Baltimore

Date of death 1904: Month: March; Day: 17; Age: Years: 83; Months: 3; Days: 21

Sex: Female; Color or Race: White; Birthplace: Milford, Del.

Married, Single or Widowed: Widow; Occupation: None

Name of Wife or Husband: William S. Goslin

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henderson Collins; Father's Birthplace: Del

Mother's Maiden Name: Rebecca M Yoe; Mother's Birthplace: Del

Name of person giving information: Mrs F. F. Dorsey; How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Angina Pectoris; How long: — 1 hour

Immediate: Cardiac Paralysis; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. Gibbons Emack

Address: Roland Park

Accident or Suicide?

LIBRARY BUREAU A88518

Henry H. Mace Hunt

Name in Full John Green

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Caves	County	Baltimore County
Date of death	1904, Month: March, Day: 19	Age	Years: 70, Months: —, Days: —
Sex	Mail	Color or Race	Colord
Birthplace	—		
Occupation	Labor	Where Residing if not at place of death	Caves
Married, Single or Widowed	Maried	Name of Wife or Husband	Annie Green
Father's Name	—	Father's Birthplace	—
Mother's Maiden Name	—	Mother's Birthplace	—
Name of person giving Information	Wm Derick	How related to deceased	Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Senility	How long	several yrs
Immediate	Paralysis	How long	about 1 yr
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	[illegible]
		Address	Pikesville Md
Accident or Suicide?			

LIBRARY BUREAU A80316

Name in Full: Evelyn Leola Greenly

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Gorsuch Mills — County: Baltimore

Date of death 1904: Month: 3 — Day: 25 — Age: Years: 1 — Months: 8 — Days: 19

Sex: Female — Color or Race: Colored — Birthplace: Balto

Married, Single or Widowed: Baby — Occupation:

Name of Wife or Husband: —

Father's Name: Edward Greenly — Father's Birthplace: North Carolina

Mother's Maiden Name: Florence Levin — Mother's Birthplace: Balto Co.

Name of person giving information: Father Edward Greenly — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Whooping Cough — How long:

Immediate: Tuberculosis — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Evans M. Free M.D.

Address: Stewartstown Pa

Accident or Suicide:

LIBRARY BUREAU A38516

Name in Full: Mrs M. Groninger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death: 1904; Month: March; 31st

Age: ~~55~~ 33 Years; Months; Days

Sex: Female

Color or Race: White

Birthplace: Baltimore

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation: Reeds Mt Hope Retreat

How related to deceased: Nurse at ace

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia

How long:

Immediate: Pul Congestion

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Md.

Accident or Suicide?

LIBRARY BUREAU A8S016

Name in Full: Elizabeth Hanley

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CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Kingsville; County: Balto

Date of death: 1904; Month: Mar; Day: 1; Age: Years: 88; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Ireland

Occupation: housewife; Where Residing if not at place of death: —

Married, Single or Widowed: married; Name of ~~Wife or~~ Husband: Daniel Hanley

Father's Name: Michael Dugly; Father's Birthplace: Ireland

Mother's Maiden Name: Bridget Dugly; Mother's Birthplace: Ireland

Name of person giving Imformation: Jno Hanley; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility; How long: 5 Years

Immediate: heart failure; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. F. H. Gosnell M.D.

Address: Fork Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Emma Jane Harris.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glencoe — County: Baltimore

Date of death 1904: Month: 3 — Day: 1 — Age: Years: 26 — Months: 11 — Days: 24

Sex: Female — Color or Race: White — Birthplace: Parkton Md.

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Edward Harris

Father's Name: William H. Bull — Father's Birthplace: Parkton Md.

Mother's Maiden Name: Mary Thompson — Mother's Birthplace: Hereford Md.

Name of person giving information: Emory R. Bull — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Consumption — How long: Two years

Immediate: General Collapse — How long: Few hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Whitelee

Address: Hereford Md.

Accident or Suicide?

LIBRARY BUREAU A99516

Name in Full: Peter Harris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point — County: Baltimore

Date of death: 1904 Month: Mar Day: 31st — Age: Years: 38 Months: Days:

Sex: male — Color or Race: col — Birthplace: Va

Occupation: Labor — Where Residing if not at place of death: Sp. Pt.

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Jesse Harris — Father's Birthplace: Va

Mother's Maiden Name: Sallie Woodson — Mother's Birthplace: Va

Name of person giving Imformation: Elijah Harris — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia - double — How long: 10 days

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. McCormick M.D.

Address: Sparrows Point Md

Accident or Suicide? no

LIBRARY BUREAU A85516

Name in Full: Adela Harvey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat | County: Baltimor

Date of death: Month: Mch | Day: 1st | 1904

Age: Years: 5 | Months: 1 | Days:

Sex: Female | Color or Race: White | Birthplace: Wilmington Del

Occupation: Wife of Mechanic | Where Residing if not at place of death: Wilmington Del

Married, Single or Widowed: Married | Name of Wife or Husband:

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Imformation: Recds of Mt Hope | How related to deceased: Not akeel

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Chronic - Post Paralysis - | How long:

Immediate: Ex Gastro - Entero Colitis (Septic | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat - P
Mt Hope Md -

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: Andrew Harvey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Randallstown; County: Balto

Date of death: 1904; Month: Mar; Day: 29; Age: Years: 78; Months: —; Days: —

Sex: Male; Color or Race: white; Birthplace: Balt Co Md

Occupation: Farmer; Where Residing if not at place of death: near Randallstown

Married, Single or Widowed: married; Name of Wife or Husband: Mary C Harvey

Father's Name: Andrew Harvey; Father's Birthplace: Balt Co

Mother's Maiden Name: Lydia Ann Conley; Mother's Birthplace: " "

Name of person giving information: Mrs Noah C. Sterling; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility; How long: 18 months

Immediate: Heart failure; How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. J. Hebb M.D.

Address: Randallstown

Accident or Suicide? —

1547

LIBRARY BUREAU A98816

Name in Full

Everett Gladston Harvey

Certificate of Death

103

Died at Town: Jenkins County: Balto MARYLAND

Date 1904 Month: Mar. Day: 11 | Age Y.: one M.: 9 D.: ✓ | Native of: Md | Occupation: Baby

Male / ~~Female~~ | White / ~~Colored~~ | Married ✓ Single ✓ Widow ✓ Widower ✓ Divorced ✓ | Number of children living ✓

Husband / Wife of ✓

Father's Name: Lewis H. Harvey

Mother's Name: Angeline R. Harvey

Cause of Death — Primary: Entero Colitis

Immediate: Meningitis

How long sick: 3 weeks

Accident, ~~Suicide, Homicide~~

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Reported by: Wm. A. Green M.D.

Address: Pillings Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mary Hawkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto

Date of death 1904 — Month: 3 — Day: 21 — Years: 34 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Howard Co. Md.

Married, Single or Widowed: married — Occupation: —

Name of Wife or Husband: John Hawkins

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: John Hawkins — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy — How long: —

Immediate: Coma — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. Lee Stultz M.D.

Address: Catonsville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Myrtle Hedrick

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington — County: Balto.

Date of death 1904: Month: 3 — Day: 5 — Age: Years: 6 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Home — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Hedrick — Father's Birthplace: Md

Mother's Maiden Name: Annie Brown — Mother's Birthplace: Md

Name of person giving Imformation: Frank Hedrick — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria — How long: 10 days

Immediate: Heart failure — How long: 12 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C H Burton

Address: Mt Washington

Accident or Suicide?

LIBRARY BUREAU A80318

A S Marshall
3539 Fall Road
St Mary
Ballo
March 24

Name in Full: James S. Heywood

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highland — County: Baltimore

Date of death 190 4 — Month: 3 — Day: 5th

Age — Years: 48 — Months: 10 — Days: 3

Sex: Male — Color or Race: White — Birthplace: England

Married, Single or Widowed: Married — Occupation: Foreman

Name of Wife or Husband: Mary E. Heywood

Father's Name: James Heywood — Father's Birthplace: England

Mother's Maiden Name: Margaret Wainwright — Mother's Birthplace: England

Name of person giving information: Mary E. Heywood — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 4 days.

Immediate: Congestion of Lungs — How long: 6 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas. L. Thomas M.D.

Address: 3 Eng Gough Highlandtown.

Accident or Suicide? No

LIBRARY BUREAU A6981S

London Park

H. Sander Sons

Name in Full: Grace Higgs

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Alberton (County) Baltimore

Date of death: Month March, Day 6, 1904 — Age: Years — Months 1, Days 9

Sex: Female — Color or Race: White — Birthplace: Alberton

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single, ~~Widowed~~ — Name of Wife or Husband: —

Father's Name: John W. Higgs — Father's Birthplace: Va

Mother's Maiden Name: Drucilla Freeze — Mother's Birthplace: Va

Name of person giving Information: John W. Higgs — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: Since birth

Immediate: Asthenia — How long: Since birth

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Gambrill

Address: Alberton, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A33516

Name in Full: Thelma E. Hinkhouse

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington — County: Baltimore

Date of death 190 4 — Month: March — Day: 16

Age — Years: — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Balti Co Md

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Wm. F. Hinkhouse — Father's Birthplace: Balti City

Mother's Maiden Name: Rosie A. Hiner — Mother's Birthplace: Balti Co. Md

Name of person giving information: Wm F. Hinkhouse — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia. — How long: One day.

Immediate: Convulsions — How long: Several hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Copeland.

Address:

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Agnetta Hutchins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towanda — County: Bucks

Date of death	Month	Day	Years	Months	Days
1904	3	28	Age 7	9	

Sex: Fem — Color or Race: Colored — Birthplace: Bucks

Occupation: Schoolgirl — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Wm Hutchins — Father's Birthplace: Bucks

Mother's Maiden Name: Lucy Hutchins — Mother's Birthplace: Va

Name of person giving Information: Lucy Hutchins — How related to deceased: Aunt + Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 2 yrs

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eli H Keeney

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Felix B. Pye

Zion Cem.

Name in Full: Harvey LeRoy Hoffmaster

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hoffofields; County: Baltimore

Date of death 1904: Month: March; Day: 1; Age: Years: 4; Months: 7; Days: —

Sex: Male; Color or Race: White; Birthplace: Sharpsburg Md

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo. H. Hoffmaster; Father's Birthplace: Jefferson Co, W. Va

Mother's Maiden Name: Hester Hoffmaster; Mother's Birthplace: Sharpsburg Md

Name of person giving information: Father; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: Two days

Immediate: Exhaustion

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J Parsey Waltemeyer

Address: Alberton, Md.

Accident or Suicide? —

LIBRARY BUREAU A88316

Name in Full: Jessie E. Hoshall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Friedland P.O. County: Baltimore

Date of death 1904: Month: March Day: 3

Age: Years: 2 Months: Days: 3

Sex: Female Color or Race: White Birthplace: Baltimore Co.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Jesse M. Hoshall 167 Father's Birthplace: Baltimore Co.

Mother's Maiden Name: Grace Shank Mother's Birthplace: Baltimore Co

Name of person giving Information: Jesse M. Hoshall How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Scald, falling in pan of water. How long: 3 days.

Immediate: Pulmonary Congestion How long: Six hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph D. Baldwin

Address: Friedland Balto Co.

Accident or Suicide? Accident

LIBRARY BUREAU A6981

Name in Full: Howard S. Hoover

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rail Road — County: York

Date of death 190 4. — Month: Mar. — Day: 8 — Age — Years: 41 — Months: 3 — Days: 12

Sex: male — Color or Race: white — Birthplace: Adams Co Pa

Married, ~~Single or Widowed~~: married — Occupation: Carpenter

Name of Wife or ~~Husband~~: Alice Hoover

Father's Name: George Hoover — Father's Birthplace: Adams Co

Mother's Maiden Name: Mary Bentzel — Mother's Birthplace: Adams Co

Name of person giving In formation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 weeks

Immediate: Cardiac Failure — How long: 6 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. A. Hiedebrand

Address: Glen Rock Pa

Accident or Suicide?

LIBRARY BUREAU A63616

Name in Full: William Storey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hillville / County: Balto

Date of death 1904: Month: 3 / Day: 3 / Age: Years: 60 / Months: / Days:

Sex: Male / Color or Race: Colored / Birthplace: Md.

Married, Single or Widowed: Widower / Occupation: Sailor

Name of Wife or Husband:

Father's Name: / Father's Birthplace:

Mother's Maiden Name: / Mother's Birthplace:

Name of person giving information: Della Moore / How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis / How long:

Immediate: Age & Exhaustion. / How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: August W. Miller, Coroner

Address: Mt. Winans Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A86516

Name in Full: Grace M Howard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mann — County: Balto.

Date of death: Month: 8 — Day: 26 — 1904

Age: Years: 4 — Months: 1 — Days:

Sex: Female — Color or Race: White — Birthplace: Balto Co

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Charles Howard — Father's Birthplace: Balto Co

Mother's Maiden Name: Maggie Biayz — Mother's Birthplace: Balto

Name of person giving In formation: Mrs Chas Howard — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diptheria — How long: 10 days

Immediate: Cardiac Asthenia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Ross Payne

Address: Corbett Md

Accident or Suicide?

LIBRARY BUREAU A68616

Name in Full: Catherine L. Hughes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highland Town | County: Baltimore

Date of death 1904: Month: March | Day: 6th | Years: Age 2 | Months: 10 | Days:

Sex: Female | Color or Race: White | Birthplace: Baltimore City

Occupation: None | Where Residing if not at place of death: At place of death 1702 Edmondson Ave

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: Joseph Hughes | Father's Birthplace: Baltimore City

Mother's Maiden Name: Rosie Frank | Mother's Birthplace: Howard Co. Md.

Name of person giving information: Mrs. Rosie Hughes | How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia | How long: 2 weeks

Immediate: Convulsions | How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Ross M.D.

Address: 1835 E. Baltimore St.

Accident or Suicide?

LIBRARY BUREAU A6B316

Horace Burgess
Ft Mary's Ceus

Name in Full: Frederick Hubler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Carney — County: Baltimore

Date of death 1904. Month: March. Day: 7th

Age — Years: 80 — Months: 1 — Days: 6.

Sex: Male

Color or Race: White

Birthplace:

Married, Single or Widowed: Widower

Occupation: Cabinet Maker.

Name of Wife ~~Husband~~:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: John Hubler

How related to deceased: Grandson.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease. 79.

How long: 2 an hour.

Immediate: Dropsy.

How long: 2 months off & on.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. S. Harrison.

Address: Govch Road.

Accident or Suicide?

LIBRARY BUREAU A86516

St John

Name in Full: Izabella ~~Hartkuis~~ Isaac.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Halethorpe; County: Balto

Date of death 1904: Month: 3; Day: 18

Age: Years: —; Months: —; Days: 4

Sex: Female; Color or Race: Colored; Birthplace: Balto Co. Md

Married, Single or Widowed: Widowed; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jeff Isaac's; Father's Birthplace: Md

Mother's Maiden Name: Annie Hartkuis; Mother's Birthplace: Md

Name of person giving information: Thomas Hartkuis; How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Failure to close Foramen Ovale; How long: 4 days

Immediate: Cyanosis & Asphyxia. How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide?

Signature of: August W. Miller Coroner

Address: 311 Winans Md

LIBRARY BUREAU A38516

Name in Full: Alfred Jackson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hallsville; County: Baltimore

Date of death 1904: Month: March; Day: 6

Age: Years: 65; Months; Days

Sex: Male

Color or Race: Colored

Birthplace: Va

~~Married, Single~~ or Widowed

Occupation: Laborer

Name of Wife or Husband

Father's Name: X

Father's Birthplace: X

Mother's Maiden Name: X

Mother's Birthplace: X

93.

Name of person giving information: Grandson

How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

How long

Immediate: Pneumonia

How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. B. Hall

Address: Mt. Misery

~~Accident or Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Bell Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Balto

Date of death 1904: Month: 3; Day: 4

Age: Years: 1; Months: 6; Days: —

Sex: Female

Color or Race: Col

Birthplace: Md

Married, Single or ~~Widowed~~

Occupation: Infant

Name of Wife or Husband:

Father's Name: Louis Jackson

Father's Birthplace: Md

Mother's Maiden Name: Bell Davis

Mother's Birthplace: Va

Name of person giving information: Bell Jackson

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: 8 months

Immediate: Cardiac Asthenia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Ruyston Green M. D.

Address: Towson Md.

~~Accident or Suicide?~~

PHYSICIAN'S OR CORONER

LIBRARY BUREAU A68518

John Burns Esq

Name in Full

Certificate of Death

David Stewart Jessop

Town

Died at Ashland County Baltimore MARYLAND

Date 1904 Month May Day 18 | Age Y. 2 M. 2 D. 28 | Native of Maryland | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of

Wife

Father's Name David Stewart Jessop

Mother's Name Elisabeth Shuster

Cause of Death: Primary La-Grippe (10)

Immediate Pneumonia

How long sick 1 week

~~Accident, Suicide, Homicide~~

Reported by Dr. J. E. Benson

Address Baskerville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 9813

Name in Full: John Henry Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Baltimore

Date of death: Month: March — Day: 9 — Year: 1904

Age: Years: 34 — Months: 5 — Days: 17

Sex: Male

Color or Race: Colored

Birthplace: Balto Co. Md

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed

Name of Wife or Husband: Kate Johnson

Father's Name: Saul Johnson — Father's Birthplace: Balto Co. Md

Mother's Maiden Name: Annie ------ 93 — Mother's Birthplace: Howard Co. Md

Name of person giving information: H. L. Rickard M. D. — How related to deceased: No

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobar Pneumonia — How long: 8 days

Immediate: " " — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Rickard M.D.

Address: 910 Canton St

Accident or Suicide? No

Baltimore Md

LIBRARY BUREAU A8881B

Name in Full: James Lerri Kay.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Freeland. County: Baltimore.

Date of death 1904: Month: Mar. Day: 1

Age: Years: 9 Months: 11 Days: 23

Sex: Male. Color or Race: White. Birthplace: Penna.

Married, Single or Widowed: —. Occupation: —.

Name of Wife or Husband: —.

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James A Kay. Father's Birthplace: Md.

Mother's Maiden Name: Sarah Cole. Mother's Birthplace: "

Name of person giving information: James A Kay. How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid; Post Typhoidal Pneumonia. How long: Six weeks.

Immediate: Mitral Stenosis. How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James LeGagle, M.D.

Address: New Freedom, Pa.

Accident or Suicide? —

LIBRARY BUREAU A8818

Name in Full: Timothy Kelleher

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Mt Hope Retreat — County: Baltimore Md.

Date of death: 1904 — Month: 3 — Day: 26 — Age: Years 65 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Blacksmith — Where Residing if not at place of death: Reno Pa.

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: — Father's Birthplace: Ireland

Mother's Maiden Name: — Mother's Birthplace: "

Name of person giving Information: Reeds Mt Hope — How related to deceased: not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Acuti - Post La Grippe — How long: abt 5 or 6 weeks.

Immediate: Ex — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat, Mt Hope Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Andrew Keller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Raspeburg — County: Baltimore

Date of death 190 4 — Month: March — Day: 23 — Age — Years: 73 — Months: 11 — Days:

Sex: Male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Widower — Occupation: Tailor

Name of Wife or Husband: Catherine Keller

Father's Name: not known — Father's Birthplace: Germany

Mother's Maiden Name: " " — Mother's Birthplace: "

Name of person giving In formation: daughter Mrs H.V. Bailey — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Catarrhal Bronchitis — How long: 15 years

Immediate: Dyspnoea — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. B. Webster M.D.

Address: Raspeburg Md

Accident or Suicide?

LIBRARY BUREAU A66319

Name in Full: Samuel Kirschen

10680

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Sheppard & Enoch Patt Hospital (County) Balto

Date of death 190 4 — Month: March — Day: 26 — Years: Age 28 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Russia

Married, Single or Widowed: Married — Occupation: Canvasser of Furniture

Name of Wife or Husband: Sara Kirschen

Father's Name: Abram Kirschen — Father's Birthplace: Russia

Mother's Maiden Name: Keller — Mother's Birthplace: Russia

Name of person giving In formation: H. Mendel 1218 Madison — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Meningitis — How long: 2 weeks.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Accident or Suicide? No.

Signature of Physician: Chas. M. Franklin

Address: Sheppard & Enoch Patt Hospl. Towson, Md.

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Dr Naylor
Towson

~~Paul Baum~~
~~Hebron~~ Washington Md.
1st Sun Cemetery Philadelphia Rd.
Paul Baum

Name in Full: Hannah Klass

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton; County: Baltimore

Date of death 1904: Month: 3; Day: 18; Age: Years: 1; Months: 1; Days:

Sex: Female; Color or Race: White; Birthplace: Baltimore

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband:

Father's Name: Conrad Klass; Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Hisner 97; Mother's Birthplace: Baltimore

Name of person giving Information: Conrad Klass; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho. Pneumonia; How long: 2 days

Immediate: Exhaustion; How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. W. Jones M.D

Address: 3116 O'Donnell St.

Accident or ~~Suicide~~?

LIBRARY BUREAU A6691A

Mount Carmel
H. Sander & Sons

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Katyna Lilly Klender

Died at: Town: Powhatan County: Bate

Date of death 1904: Month: Mch Day: 14th. Age: Years — Months — Days 6-

Sex: Female Color or Race: White Birthplace: Powhatan

Married, Single or Widowed: — Occupation:

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Hamond Klender Father's Birthplace: Germany

Mother's Maiden Name: Mary Paul Mother's Birthplace: Powhatan

Name of person giving Information: A. C. Smith How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [illegible] How long: 1 day

Immediate: Paralysis Respiration How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. C. Smith

Address: Powhatan Bate Co.

Accident or Suicide? no

LIBRARY BUREAU A99518

Name in Full: John. George Kroner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto

Date of death 1904 — Month: Mar — Day: 5 — Age — Years: 77 — Months: — Days: 2

Sex: Male — Color or Race: White — Birthplace: Germany

Married or Widowed — Occupation: Newsdealer

Name of Wife or Husband: Elizabeth Kroner

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving information: John P. Kroner — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valv. Dis of Heart — How long: 6 mos

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Charles L. Mayfield M.D.

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: George Lang

CERTIFICATE OF DEATH

Died at: Town: St. Agnes Sanitarium; County: Balto. MARYLAND

Date of death: 1904. Month: 3 Day: 7 Age: Years: 44 Months: Days:

Sex: Male Color or Race: White Birthplace: Baltimore

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 6 mths

Immediate: Exhaustion How long: 2 wks.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. W. Brown M.D.

Address: 1938 Linden Av.

Accident or Suicide? No.

LIBRARY BUREAU No 6316

Name in Full: Mark Jenkins Lawrence

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville — County: Balto

Date of death 1904: Month: Mar — Day: 17 — Age: Years: — Months: 9 — Days:

Sex: Male — Color or Race: White — Birthplace: Balto Co

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Louis Chas Lawrence — Father's Birthplace: Meade Co

Mother's Maiden Name: Lottie Kolb — Mother's Birthplace: New York

Name of person giving In formation: Elvira Koch — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: 2 Months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: Catonsville Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Mary A. Lease

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Worthington valley — County: Baltimore

Date of death: Month: Mar — Day: 6th — 1904 — Age: Years: 77 — Months: — Days: 1

Sex: Female — Color or Race: white — Birthplace: Penna

Occupation: House wife — Where Residing if not at place of death: worthington valley

Married, Single or Widowed: married — Name of Wife or ~~Husband~~: Adam Lease

Father's Name: Samuel Ingemole — Father's Birthplace: Penna

Mother's Maiden Name: Sallie Smeak — Mother's Birthplace: Penna

Name of person giving Information: Mary J. Lease — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe — How long: Two weeks

Immediate: Cardiac Paralysis — How long: Instantly

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J Rowe Price

Address: Reynolda Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: William M. Lerch

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Govanstown — County: Baltimore

Date of death: 1904 — Month: March — Day: 31 — Age — Years: 53 — Months: 2 — Days: 25

Sex: Male — Color or Race: white — Birthplace: Maryland

Occupation: Mfg of Harness — Where Residing If not at place of death: Govanstown

Married, Single or Widowed: married — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Augustus Lerch — Father's Birthplace: Germany

Mother's Maiden Name: Martha E. Watkins — Mother's Birthplace: Maryland

Name of person giving Information: Harry A. Lerch — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of the lungs — How long: many years

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. Robert Hoffmann

Address: 1325 Park ave

Accident or Suicide? no

LIBRARY BUREAU A88816

Stewart Mowen

215 Park Ave

Loudon Park

Name In Full

Certificate of Death

Beulah In Lloyd

Died at Town: Ashland County: Baltimore MARYLAND

Date 1904 Month: Mar Day: 6 | Age Y.: 2 M.: 2. D.: 17 | Native of | Occupation

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | Widow / Widower | ~~Divorced~~ / Number of children living

Husband / Wife of X

Father's Name: Andrew Jackson Lloyd | Mother's ~~Maiden Name~~: Ethel Lloyd

Cause of Death: Primary: La Grippe | Immediate: Meningitis | How long sick: 2 Weeks

~~Accident, Suicide, Homicide~~

Reported by: D. H. Benson

Address: Cockeysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY HOSPITAL, 7 1904

Name in Full

Certificate of Death

Agnes Austen McCulloh

Died at Town Glenarm County Balto MARYLAND

Date 1904 Month 3 Day 26 | Age Y. 80 M. D. | Native of Balto Co Md Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow ~~Widower~~ | Divorced | Number of children living 7

~~Husband~~ Wife of John S. McCulloh

Father's Name Geo. Austen | Mother's Maiden Name Caroline Millman

Cause of Death: Primary La Grippe | How long sick 6 days

Immediate Heart Failure | ~~Accident, Suicide, Homicide~~

Reported by T. J. McCulloh

Address Glenarm Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Vincent De Paul McBurnie

CERTIFICATE OF DEATH

MARYLAND

Died at: Mt Hope (Town) Balto (County)

Date of death: 1904 (Month) 3rd (Day) 9th

Age: (Years) 6 weeks (Months) (Days)

Sex: Male

Color or Race: White

Birthplace: Mt Hope

Occupation:

Where Residing if not at place of death: "

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: 92

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia — How long

Immediate: Heart failure, Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. B. Emsor M.D.

Address: Mt Hope Md

Accident or Suicide? No

LIBRARY BUREAU A89518

Name in Full: Mary E McKay

CERTIFICATE OF DEATH

MARYLAND

Died at: Town — Westport; County — Baltimore

Date of death 190 4: Month — March; Day — 3

Age: Years — 38; Months; Days

Sex: Female

Color or Race: White

Birthplace: Westport Balto Co

Married, ~~Single~~ or Widowed

Occupation: Housekeeper

Name of Wife or Husband: John Thomas McKay

Father's Name: Patrick Tighe

Father's Birthplace: Ireland

Mother's Maiden Name: Brigel Dignan

Mother's Birthplace: Ireland

Name of person giving In formation: ~~Godson~~ Brigel Stockell

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 9 days

Immediate: Heart Failure

How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C R Winterson

Address: Elkridge Maryland

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Thomas Dayr McShane

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Stevenson | County: Baltimore Co.

Date of death 1904: Month: March | Day: 29th | Age: Years: 1 | Months: 5 | Days:

Sex: Male | Color or Race: White | Birthplace: Stevenson Md.

Married, Single or Widowed: Single | Occupation: None

Name of Wife or Husband:

Father's Name: William McShane | Father's Birthplace: Balto. Md.

Mother's Maiden Name: Emmelia Price | Mother's Birthplace: Balto. Co. Md.

Name of person giving information: William McShane | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia | How long: 3 weeks

Immediate: Convulsions & Coma | How long: 66 hrs

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician: Wm. F. Lockwood

Address: 8 E. Eager St

Accident or Suicide? —

LIBRARY BUREAU A88518

Name in Full: Elmer E. Mace

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St. Agnes' Hospital; County: Balto.; MARYLAND

Date of death: Month: Mar.; Day: 28; Year: 1904.; Age: 44; Months; Days

Sex: Male. Color or Race: White. Birthplace: Baltimore.

Occupation: Letter-carrier. Where Residing if not at place of death:

Married, Single or Widowed: Widower. Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis. How long:

Immediate: Grippe. How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. O'Mara

Address: St. Agnes Hospital

Accident or Suicide?

LIBRARY BUREAU A98518

Name in Full: Mary Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St. Agnes' Hospital; County: Balto; MARYLAND

Date of death 1904: Month: Mar.; Day: 13; Age: Years 14; Months; Days

Sex: Female; Color or Race: White; Birthplace: Baltimore

Occupation: None; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: ; How related to deceased:

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long:

Immediate: & Hemorrhage; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. J. Frank Woodey

Address: St. Agnes' Hospital, Balto Co. Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Strother May

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Catonsville — County: Balto

Date of death 1904 — Month: May. — Day: 30

Age — Years: 34 — Months: — Days:

Sex: Female

Color or Race: White

Birthplace: Virginia

Occupation: no

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of ~~Wife or~~ Husband: James French Shotter

Father's Name: Bondurant

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epilepsy — How long: 20 years

Immediate: Status Epilepticus — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. Rushmer White

Address: Richard Gundry Home

Catonsville Md

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A6813

Name in Full: Maria J Newshaw

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Washington — County: Balt

Date of death 1904: Month: Mar — Day: 27 — Age: Years: 74 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Penna.

Married, Single or Widowed: Widow — Occupation: Home

Name of Wife or Husband: John Newshaw

Father's Name: John Wonderford — Father's Birthplace: Penna.

Mother's Maiden Name: Mary Wonderford 43. — Mother's Birthplace: Penna

Name of person giving information: Alex Kane — How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Breast — How long: 2 yrs

Immediate: Exhaustion — How long: 3 Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C H Bellem M D

Address: Mt Washington Md

Accident or Suicide?

LIBRARY BUREAU A88318

A. S Marshall

St Marys Cemetery March 29

Name in Full: Annie. b. Wichie

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St Agnes. violetsville; County: Balto

Date of death 190-4; Month: 3-; Day: 8; Age: Years 65; Months —; Days 2

Sex: Female; Color or Race: White; Birthplace: W. Va

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: widow; Husband/Wife: Dr T. b. Wichie

Father's Name: Col. Edward Colston; Father's Birthplace: Va

Mother's Maiden Name: Sarah. J. Brockenbrough; Mother's Birthplace: "

Name of person giving Information: Mrs. William b. Page; How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Poison; How long: Two hours

Immediate: Heart failure; How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: August. W. Miller, Coroner

Accident or Suicide? Suicide

Md.

LIBRARY BUREAU A85016

Name in Full: Orphia May Miller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dickeyville; County: Balto

Date of death 1904: Month: June; Day: 30

Age: Years: 22; Months: 11; Days: 11

Sex: Female; Color or Race: White; Birthplace: Maryland.

Occupation: Weaver; Where Residing if not at place of death: Dickeyville

Married, Single or Widowed: Single; Name or Wife or Husband:

Father's Name: Martin L. Miller; Father's Birthplace: Maryland.

Mother's Maiden Name: Elizabeth Silsbeerter; Mother's Birthplace: Maryland.

Name of person giving Information: Elizabeth ~~Sis~~ Miller; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis; How long: 3 years 9 months

Immediate: Phthisis; How long: 3 years.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A Bailey M.D.

Address: 604 N Eutaw St. Balto Md.

Accident or Suicide?

LIBRARY BUREAU A66618

Loudon Park Cem.

J. A. Cook

Funeral Director

Name in Full: Eldridge Molesworth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: S.T.E.P. Hosp Towson — County: Baltimore

Date of death 1904: Month: March — Day: 21 — Age: Years: 23 — Months: 8 — Days: –

Sex: M — Color or Race: White — Birthplace: Ford Co Md

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or ~~Husband~~: Gertrude Molesworth

Father's Name: James P " — Father's Birthplace: Ford Co Md

Mother's Maiden Name: Isabella Appleby — Mother's Birthplace: " "

Name of person giving information: E. A. Brack — How related to deceased: ———

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Delirious Mania — How long: Two Wks

Immediate: Acute Meningitis — How long: One Wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. A. Brack

Address: Sheppard Hosp Towson Md

Accident or Suicide? ~~Accident or Suicide~~

LIBRARY BUREAU A28518

Geo. N. Linville

Mc Kendree Cemetery

Howard Co. Ind

Name in Full: Louis Moll

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton; County: Baltimore

Date of death 1904: Month: 3; Day: 1

Age: Years: —; Months: —; Days: 5

Sex: Male

Color or Race: White

Birthplace: Baltimore

Married, Single or Widowed: Single

Occupation: None

Name of Wife or Husband:

Father's Name: Henry Moll

Father's Birthplace: Baltimore

Mother's Maiden Name: Mary Dorothy

Mother's Birthplace: Baltimore

Name of person giving information: Henry Moll 15-1

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth

How long: —

Immediate: Inanition

How long: 5 Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: P. A. Schwaab M.D.

Address: 1073 Canton St.

Accident or Suicide?

LIBRARY BUREAU A58816

H. Sander Sons

Sacred Heart Cemetery

Name in Full: Walter F. Moore

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: White Marsh; County: Balto

Date of death 1904: Month: March; Day: 3 -

Age: Years: 18; Months: 11; Days: 13

Sex: Male

Color or Race: white

Birthplace: Md

Married, Single or Widowed: Single

Occupation: Farmer

Name of Wife or Husband: —

Father's Name: Geo B Moore

Father's Birthplace: Md

Mother's Maiden Name: Miriam Gambrill

Mother's Birthplace: Md

Name of person giving Information: Geo B Moore

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia

How long: 9 days -

Immediate: Heart failure

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Oswald Hamerson M D

Address: Middle River Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Camp. Chapel cemetery

March 7th 1904

Name in Full: Ellen J. Morgan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Arlington — County: Baltimore

Date of death: Month: March — Day: 7 — 1904

Age — Years: 58 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: Housewife — Where Residing if not at place of death: Arlington

Married, Single or Widowed: Widow — Name of Wife or Husband

Father's Name: Samuel Fife — Father's Birthplace: Unknown

Mother's Maiden Name: Elizabeth Allcott. — Mother's Birthplace: Ireland

Name of person giving information: Frank J. Morgan — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Bronchitis — How long: About 3 months

Immediate: Exhaustion — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. J. Frey M.D.

Address: 2466 Druid Hill Ave

Accident or Suicide? —

LIBRARY BUREAU A3551G

Name in Full: John D. Mulcahy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Agnes' Hospital; County: Balto.

Date of death	Month	Day	Years	Months	Days
1904	3	4	Age 60		

Sex: Male

Color or Race: White

Birthplace: Ireland

Occupation: Laborer

Where Residing if not at place of death:

~~Married, Single~~ or Widowed

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis & Phthisis of Larynx — How long:

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Frank Dorsey M.D.

Address: St. Agnes' Hospital, Balto. Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88316

0-70-13-25

Name in Full: Eva Catherine Murk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Cella — County: Balto.

Date of death: Month: Mar. — Day: 20 — 1904

Age: Years: 78 — Months: — — Days: —

Sex: Femall — Color or Race: White — Birthplace: Germany

Occupation: House work — Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed — Name of Wife or Husband: John Murk

Father's Name: not known — Father's Birthplace: Germany

Mother's Maiden Name: not known — Mother's Birthplace:

Name of person giving Information: Frederick Murk — How related to deceased: son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long:

Immediate: Indigestion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: William E Hodges

Address: Cella Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A6U813

Name In Full

Certificate of Death

Town: Granby

County: Balto

Died at: Granby, County: Balto, MARYLAND

Date 1904 — Month: Mar, Day: 8 | Age: Y. 1, M. 5, D. 27 | Native of: Md | Occupation: none

~~White~~ / ~~Colored~~ — Female — ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ — Number of ~~children~~ living: 9

Husband / Wife of

Father's Name: Jos L Smith — Mother's Maiden Name: Helen Sudcamp

Cause of Death — Primary: Diphtheria bacteria — How long sick: 48 hours

Immediate: Edema Epiglottis — ~~Accident, Suicide, Homicide~~

Reported by: R. J. Fritsche M.D.

Address: Granby

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

M.D.

LIBRARY BUREAU, 70808

Name in Full

Certificate of Death

Joseph L. Inuckly

Died at Town Granny County Balto MARYLAND

Date 1904 Month Mar Day 19 | Age Y. 43 M. 7 D. 21 | Native of And | Occupation Stone Cutter

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ | Number of children living 6

~~Wife~~ Husband of Helen Inuckly

Father's Name Joseph Inuckly | Mother's Maiden Name Catherine Rustetter

Cause of Death: Primary Tuberculosis of Bronchs | How long sick about 2 years

Immediate Pulmonary Odema Cardiac Comp | ~~Accident, Suicide, Homicide~~

Reported by Dr. J. Stapleton

Address Granny

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70882

Name in Full: Charles Robert Mayo Race

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shane; County: Baltimore

Date of death 190 4: Month: March; Day: 8

Age: Years: 1; Months: 1; Days:

Sex: Male

Color or Race: White

Birthplace: Maryland

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband:

Father's Name: Robert Mayo Race

Father's Birthplace: Maryland

Mother's Maiden Name: Ida Hicks 91

Mother's Birthplace: Maryland

Name of person giving information: Robert Mayo Race

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis — How long: 1 year

Immediate: Chronic Bronchitis — How long: 1 year

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W Millard Stirling

Address: Shane Md

Accident or Suicide?

LIBRARY BUREAU A6931S

Name in Full: John A Ferrall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat — County: Baltimore

Date of death: Month: March — Day: 24 — 1904

Age: Years: 73 or 74 — Months: — Days: —

Sex: Male

Color or Race: White

Birthplace: Ireland

Occupation: Manufacturer

Where Residing if not at place of death: 602 N. Gilmor St

Married, Single or Widowed: Married

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Reds of Mt Hope Retreat

How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Chronic - Senile Degeneration of Brain & other organs — How long: —

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Balto Co Md

Accident or Suicide?

LIBRARY BUREAU A88016

Henry W. Mears and Son

Cathedral Cemetery

Name in Full

Annie Gertrude Pearce

Certificate of Death

Died at Town: Alberton County: Baltimore MARYLAND

Date 1904 Month: Mch Day: 17 | Age Y.: 18 M.: 1 D.: 23 | Native of: Virginia | Occupation: Cotton Mill Operative

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living ———

Husband of ———
Wife

Father's Name: James T. Pearce | Mother's Name: Comora J. Finks

Cause of Death: Primary: Measles, Bronchitis | How long sick: 12 days

Immediate: Cardiac Asthenia

~~Accident, Suicide, Homicide~~

Reported by: Dr. Wm. B. Gambrill,

Address: Alberton, Howard Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full: Philip J. Peter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto Co

Date of death 1904: Month: March; Day: 16

Age: Years: 78; Months: 11; Days:

Sex: Male

Color or Race: White

Birthplace: Germany

Married, Single or Widowed: Married

Occupation: Shomaker

Name of Wife or Husband: Mrs P. Peter

Father's Name: Thomas Peter

Father's Birthplace: Germany

Mother's Maiden Name: A. Peter

Mother's Birthplace: Germany

Name of person giving Information: Mrs P J. Peter

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio-Sclerosis — How long: about ten year

Immediate: Pulmonary effusion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Jno

Signature of Physician: Geo E McVeigh

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full Eula Poplar

Certificate of Death

Died at Town Baltimore County MARYLAND

Date 1904 Month 3 Day 27 | Age Y. 24 M. - D. - | Native of - | Occupation Virginia Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widowed~~ | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of

Father's Name Johnson H Poplar

Mother's Maiden Name L. Haywood

Cause of Death: Primary

Immediate Cerebral Tumor

How long sick 7 4

Accident, Suicide, Homicide

Reported by

Address

Harvey Cushing
John Hopkins Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Adaline Dorsey Porter

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Baltimore

Date of death: Month: Mar — Day: 16 — 1904

Age: Years: 80 — Months: 4 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Baltimore Co

Occupation:

Where Residing if not at place of death: Catonsville

Married, Single or Widowed: Widow — ~~Name of Wife or~~ Husband:

Father's Name: Conrad Arold — Father's Birthplace: Balto Co.

Mother's Maiden Name: Mary Decker — Mother's Birthplace: Balto Co

Name of person giving information: Ella V Emory — How related to deceased: Daughter

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Decline from age — How long: 2 years

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Whiteley

Address: Catonsville

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Abram H. Price M. D.

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Near Towson — County: Balto

Date of death 1904: Month: 3 — Day: 1 — Years: Age 66 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Balto Co

Married, ~~Single~~ ~~Widowed~~: Married — Occupation: Physician

Name of Wife or Husband: Lillian Hutchins Price

Father's Name: Dr Wm Ross Price — Father's Birthplace: Md

Mother's Maiden Name: Susan Denmead — Mother's Birthplace: Md

Name of person giving Information: Mrs Price — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Multiple Neuritis 74. — How long: 10 years

Immediate: Uraemic Toxaemia — How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. L. Massenburg M.D.

Address: Towson Md

Accident or Suicide?

LIBRARY BUREAU A86518

St. James Church
Hy Gadys Manor
Baltimore 60, Md.

Stewart Mowen
215 Parkacre
Baltimore Md

Name in Full: Caroline Proctor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Loch Raven — County: Balt

Date of death 1904: Month: Nov — Day: 15 — Age: Years: 76 — Months: 1 — Days:

Sex: female — Color or Race: white — Birthplace: Balt Co

Married, Single or Widowed: Single — Occupation: Housework

Name of Wife or Husband: —

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Harriet Proctor — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long:

Immediate: Blood clot from — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno F Cone

Address: Gardenville

Accident or Sulcide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Annie L. Pugh

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Spring Point — County: Baltimore

Date of death 1904 — Month: March — Day: 13 — Age — Years: 29 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, ~~Single~~ or Widowed — Occupation: Housewife.

Name of Wife or ~~Husband~~: Thomas Pugh

Father's Name: Frederick Yeager — Father's Birthplace: Germany

Mother's Maiden Name: Dont Know — Mother's Birthplace: ——

Name of person giving Information: Thomas Pugh — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis — How long: Six months

Immediate: Exhaustion — How long: Two weeks

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician: F. Ca. Eleburt M.D.

Address: Spring Point

~~Accident or Suicide~~?

LIBRARY BUREAU A86316

Name in Full: Elizabeth Peuto

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Middle River — County: Balto

Date of death 1904: Month: Mch — Day: 12 — Age: Years: 63 — Months: 9 — Days: 12

Sex: Female — Color or Race: white — Birthplace: Germany

Married, Single or Widowed: widow — Occupation: Hse W

Name of Wife or Husband:

Father's Name: Andrew — Father's Birthplace: Germy

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Joseph Peuto — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastric Cancer — How long: 2 or 3 yrs

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John M Harrison M D

Address: Middle River Md

Accident or Suicide? no

LIBRARY BUREAU A89316

Name in Full: William Quarles

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St. Agnes' Hospital; County: Balto. MARYLAND

Date of death	Month	Day	Years	Months	Days
1904.	3	1	Age 17		

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: 27

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 5 mos.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Keown M.D.

Address: 1938 Linden Ave

Accident or Suicide? No

LIBRARY BUREAU A33516

Name In Full

Certificate of Death

Caesar Quigley

Died at Town Balto Co. County Alpha Farm MARYLAND

Date 1904 Month 3 Day 30 | Age Y. 60 M. D. | Native of Md. | Occupation

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | Widow Widower | Divorced | Number of children living

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary Apoplexy

Immediate

How long sick 5 days

Accident, Suicide, Homicide

Reported by Thos. C. Bussey M.D.

Address Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78808

Name In Full

Certificate of Death

Mrs Elizabeth Quinn

Died at Town: Hillsdale County: Baltimore MARYLAND

Date 1914 Month: March Day: 22 | Age Y. 83 M. D. | Native of Ireland | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Divorced~~ Number of children living 4

Husband of Wife: James Quinn

Father's Name | Mother's Name

Cause of Death: Primary La Grippe | How long sick 4 weeks

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by J B Orrings

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Emeline Rader

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkton; County: Baltimore

Date of death 1904: Month: March; Day: 9

Age: Years: 32; Months: 5; Days: 15

Sex: female; Color or Race: White; Birthplace: Balto Co md

Married, Single or Widowed: married; Occupation: House keeper

Name of Wife or Husband: John Rader

Father's Name: Valentine Bolinger; Father's Birthplace: md

Mother's Maiden Name: Lydia Smith; Mother's Birthplace: Md.

Name of person giving information: Lydia Bolinger; How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary consumption; How long: 1 Year

Immediate: " "; How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. R. Norris

Address: Parkton Md

Accident or Suicide?

LIBRARY BUREAU A58816

Name in Full: Elmo Archer Ray

No. 108

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Jericho — County: Baltimore

Date of death	Month	Day	Years	Months	Days
1904	3		Age 1	—	23

Sex: Male — Color or Race: White — Birthplace: Jericho

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Ray — Father's Birthplace: Balto Co

Mother's Maiden Name: Jennie Ray — Mother's Birthplace: " "

Name of person giving Imformation: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cause unknown — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Charles Bagley M.D.

Address: Bagley, Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Grace Ray

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Franklinville; County: Baltimore

Date of death 1904: Month: 3; Day: 6; Age: Years: 3; Months: —; Days: —

Sex: Female; Color or Race: white; Birthplace: Franklinville

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Ray

Father's Birthplace: Baltimore

Mother's Maiden Name: Lillian Ray

Mother's Birthplace: " "

Name of person giving Imformation: Frank Ray

How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Membranous Croup

How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Charles Bagley

Address: Bagley Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Myrtle Louisa Reeves

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highland; County: Baltimore

Date of death 1904: Month: 3; Day: 27; Age: Years: 1; Months: 7; Days: —

Sex: Female; Color or Race: White; Birthplace: Baltimore

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband:

Father's Name: George W. Reeves; Father's Birthplace: Baltimore

Mother's Maiden Name: Maggie Reeves; Mother's Birthplace: Maryland

Name of person giving information: Maggie Reeves; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Broncho Pneumonia; How long: week

Immediate: Apnoea; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E B Britton M.D.

Address: 1711 E Balto. St. Balto.

Accident or Suicide?

LIBRARY BUREAU A83618

Name in Full: Joshua J. Regester

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sheppard & Enoch Pratt Hospital; County: Baltimore

Date of death 1904: Month: March; Day: 1st; Years: Age 57; Months; Days

Sex: Male

Color or Race: White

Birthplace

Married, Single or Widowed: Married

Occupation: Manufacturer

Name of Wife or Husband

Father's Name: Joshua Regester

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information: Wife

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paresis — How long: Six years

Immediate: Exhaustion — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. M. Franklin,

Address: Towson, Md.

Accident or Suicide? No.

Sheppard & Enoch Pratt Hospital

LIBRARY BUREAU A88515

Henry H. Means Jr.

Greensboro

Name in Full: Joseph C. Renner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Baltimore

Date of death 1904: Month: March — Day: 30 ½

Age: Years: — Months: 3 — Days:

Sex: Male — Color or Race: White — Birthplace: Balto Md

Married, Single or Widowed: single — Occupation: None

Name of Wife or Husband:

Father's Name: Joseph Renner — Father's Birthplace: Balto. Md

Mother's Maiden Name: Margaret Ahrens — Mother's Birthplace: " "

Name of person giving information: Joseph Renner — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis — How long

Immediate: Convulsions — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. H. Athey

Address: 2 Hudson Ave

Accident or Suicide?

LIBRARY BUREAU A86516

Germanus Strance

March 31st 1904

St Alphonsus Cemetery

Name in Full Elizabeth B. Reynolds.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Athol — County: Balto.

Date of death: Month: Mar. — Day: 24 — 1904

Age: Years: 69 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: House duties — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Robert W. Reynolds.

Father's Name: Thomas Nichols — Father's Birthplace: not known

Mother's Maiden Name: Matilda Knight — Mother's Birthplace: not known

Name of person giving Information: Kate O Foreman — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paresis — How long: 6 Months

Immediate: Uraemia — How long: 1 Week

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Henry Stahn MD

Address: Augusta Ave Irvington

Accident or ~~Suicide~~?

LIBRARY BUREAU A33516

Name in Full: Edward F. Rhoades

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St. Agnes' Hospital; County: Balto. MARYLAND

Date of death: Month: March; Day: 22; Years: 54; Months: 4; Days:

Sex: Male; Color or Race: White; Birthplace: Providence R.I.

Occupation: Engineer; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: ; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Frank Dorsey M.D.

Address: St. Agnes' Hosp. Balto. Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Still Born (Rielz)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wilkens ave — County: Baltimore Co

Date of death: Month: Mch — Day: 9 — 1904

Age: Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Balto Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Peter M. Rielz — Father's Birthplace: Germany

Mother's Maiden Name: Katie Rielz — Mother's Birthplace: "

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

Primary: Preternatural Presentation — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. G. Linthicum M.D.

Address: 1327 N. Fayette St. Balto Md

Accident or Suicide? N.K.

LIBRARY BUREAU A88616

Name in Full: Mary Margaret Riley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lansdowne; County: Baltimore

Date of death 1904: Month: March; Day: 25

Age: Years: 42; Months; Days

Sex: Female

Color or Race: Black

Birthplace: Baltimore County

Married, Single or Widowed: Single

Occupation: Housekeeper

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Isreal Riley

Father's Birthplace: Anne Arundel Co

Mother's Maiden Name: Margaret Neal

Mother's Birthplace: Baltimore Co

Name of person giving information: Margaret Neal

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 2 years

Immediate: Tuberculosis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C R Winterson

Address: Elkridge Maryland

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Margaret Rocha

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: St. Agnes' Hospital — Town: Balto. — County: MARYLAND

Date of death: Month: March — Day: 21 — 1904 — Age: Years: 8 — Months: 8 — Days:

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jh. J. T. Ward

Address: St. Agnes Hospl

Accident or Suicide?

LIBRARY BUREAU 488516

Byznic

Name in Full: George T. Rosensteel

CERTIFICATE OF DEATH

MARYLAND

Died at Mt Hope — County Baltimore

Date of death 1904 — Month Mch. — Day 9th — Age Years 53 — Months — Days

Sex Male — Color or Race White — Birthplace Maryland

Occupation Painter — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband Mrs Rosensteel

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Paresis — How long 1 Month

Immediate Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician G. B. Evans M.D.

Address Mt. Hope Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Cora James Rassmann

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto.

Date of death 1904 — Month: 3 — Day: 31 — Age: Years 29, Months —, Days —

Sex: Female — Color or Race: White — Birthplace: Balto. Co. Md.

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Herbert A. Rassmann

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Herbert A Rassmann — How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Broncho Pneumonia — How long: about 3 weeks

Immediate: Pulmonary Oedema — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. Wm. Stultz M.D.

Address: Catonsville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: August Rothenbrecher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Balto

Date of death 1904: Month: Dec; Day: 15; Age: Years: 47; Months: —; Days: —

Sex: male; Color or Race: white; Birthplace: Germany

Married, Single or Widowed: married; Occupation: Laborer

Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving In formation: August Rothenbrecher; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Drowning; How long: —

Immediate: " ; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Coroner John F Mueller

Address: 216 O'Donnell st.

Accident or Suicide?

LIBRARY BUREAU A0881G

Name in Full: John A Ruth.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown. County: Balto

Date of death 1904: Month: 3 Day: 7 Age: Years: 67 Months: Days:

Sex: Male. Color or Race: White. Birthplace: Balto Md

Occupation: Retired. Where Residing if not at place of death: 241 Clarement St

Married, Single or Widowed: married. Name of Wife or Husband: Christina Ruth.

Father's Name: Francis Ruth. Father's Birthplace: Germany.

Mother's Maiden Name: Mary Ann Hill. Mother's Birthplace: Germany.

Name of person giving In formation: Gertrude Ruth. How related to deceased: Daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy. How long: one hour.

Immediate: Exhaustion. How long: Immediate.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas. L. Truax

Address: 3 Eld Borough Highlandtown.

Accident or Suicide? No

LIBRARY BUREAU A33516

Name in Full: Gesina Schroeder

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CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: White Marsh — County: Baltimore

Date of death 1904: Month: 3 — Day: 3 — Age: Years: 75 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Germany

Married, ~~Single~~ or Widowed: married — Occupation:

Name of ~~Wife or~~ Husband: John F. Schroeder

Father's Name: — Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace: "

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Name of person giving information: Sr. Baden hoop. — How related to deceased: Not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long: 5 Days.

Immediate: Nervous intermittent heart action with partial Paralysis — How long: Indefinite

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. C. W. Gilbert

Address: White Marsh Md

Accident or Suicide?

LIBRARY BUREAU A38616

Name in Full: Mary V Scott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown; County: Baltimore

Date of death: Month: March; Day: 8; 1904

Age: Years: 69; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Pennsylvania

Occupation: House keeper

Where Residing if not at place of death:

Married, ~~Single~~ or Widowed

~~Name of Wife~~ or Husband: Walter Scott

Father's Name: Dr Thomas Pastine

Father's Birthplace: Not Known

Mother's Maiden Name: Harriette Paston

Mother's Birthplace: " do

Name of person giving information: Rowena Stewart

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 2 weeks

Immediate: Heart failure — How long: but a few moments Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E M Duncan

Address: Govanstown Md

~~Accident or Suicide~~?

LIBRARY BUREAU A88818

Stewart Warren
215 Park Ave.
Prospect Hill Cemetery

Name in Full: Annie Sealy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Poplar Heights — County: Baltimore

Date of death 1904: Month: March. — Day: 13 — Age: Years: 30 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: Married — Occupation: None

Name of ~~Wife or~~ Husband: Tobie Sealy

Father's Name: Fred Smith — Father's Birthplace: Germany

Mother's Maiden Name: dont Know — Mother's Birthplace: "

Name of person giving In formation: Daniel E. Bowen — How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tetanus. — How long: 4 Days

Immediate: Exhaustion — How long: 4 Days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Eldred M. D.

Address: Glenmont Point

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: Elizabeth Mary Seidl

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Perry Hall — County: Baltimore

Date of death: 1904 — Month: March — Day: 13th

Age — Years: 10 — Months: 11 — Days: 22

Sex: Female — Color or Race: White — Birthplace: Highlandtown

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John A. Seidl — Father's Birthplace: Perry Hall.

Mother's Maiden Name: Margarete Leuskorn — Mother's Birthplace: Germany.

Name of person giving Imformation: George Seidl — How related to deceased: Uncle.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever. — How long: 16 days.

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: H. J. Harrison.

Address: Loch Raven.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Michael Sheahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St. Agnes' Hospital — County: Balto. — MARYLAND

Date of death	Month	Day	Years	Months	Days
1904	3	5	Age 37		

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Francis Dorsey M.D.

Address: St. Agnes' Hospital, Balto. Co. Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: B. B. Shultzer

CERTIFICATE OF DEATH

MARYLAND

Died at Town: North Point County: Balto Co

Date of death 1904 Month: March Day: 14 Years: Age 48 Months: Days:

Sex: Male Color or Race: White Birth-place:

Married, Single or Widowed: Occupation:

Name of Wife or Husband: Don't know

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving In formation: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Killed by trains How long:

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John G. Mueller Coroner

Address:

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Mrs Thomas Rye

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Boredale County: Baltimore

Date of death 1904: Month: May Day: 27 Years: Age 72 Months: Days:

Sex: Female Color or Race: White Birth place: —

Married, Single or Widowed: Occupation:

Name of Wife or Husband: John Shenaker

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: Henry Beeches How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Signature of Physician:

Address:

Accident or Suicide? William D Jenkins C Orne

LIBRARY BUREAU A8S516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Spunk Point — County: Bucks

Date of death 190 4 — Month: March — Day: 14th — Age: Years — Months — Days

Sex: Female — Color or Race: White — Birthplace: Spunk Point

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Joe Smith — Father's Birthplace: Austin

Mother's Maiden Name: Annie Brown S — Mother's Birthplace: Austin

Name of person giving Information: Joe Smith — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stab Wound — How long

Immediate: Stab Wound — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Stilwell M. D.

Address: Spunk Point

Accident or Suicide?

LIBRARY BUREAU A38016

Name in Full: Ann Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Baltimore

Date of death: Month: March; Day: 22; 1904

Age: Years: 80; Months: 4; Days: 10

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: John K Smith

Father's Birthplace: England

Mother's Maiden Name: Amelia Perpoint

Mother's Birthplace: Maryland

Name of person giving Imformation: Milcha Herbert

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Rheumatism — How long: Several years

Immediate: Senile decay & inanition — How long: Confined 4 months

Are the name, age, sex, color, date and place correctly given above? Jas

Signature of Physician: Chas H Maccall

Address: Catonsville Baltimore Co Md

Accident or Suicide?

LIBRARY BUREAU A88615

Name in Full: George L. Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Conrad Sanitarium - Relay (County) Baltimore Co

Date of death 1904 — Month: March — Day: 15 — Age: Years 80 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

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Name of person giving information: J. F. Wright — How related to deceased: Son in Law.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Pneumonia — How long: 2 days.

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Lewis D. Gundry M.D.

Address: Conrad Sanitarium, Relay Baltimore Co. Md

Accident or Suicide? Neither

LIBRARY BUREAU A86516

Name in Full: Elizabeth L. Steech.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Catonsville (County): Balto.

Date of death 1904: Month: March; Day: 24; Age: Years: 74; Months; Days

Sex: Female; Color or Race: white; Birthplace: Md.

Married, Single or Widowed: Single; Occupation: None.

Name of Wife or Husband: X

Father's Name: X; Father's Birthplace: X

Mother's Maiden Name: X; Mother's Birthplace: X

Name of person giving In formation: X; How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile, Dementia. How long: 4yrs.

Immediate: Chronic Interstitial Nephritis. How long: 2yrs.

Ara tha nama, age, sex, color, data and place corractly given above? Yes

Signatura of Physician: Geo. Rude

Address: Catonsville

Accident or Sulcide? No

LIBRARY BUREAU A88816

Name in Full: Joseph Stumpf

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cantons — County: Balt

Date of death 1904: Month: 3 — Day: 2 — Age: Years: — Months: — Days: 18

Sex: M — Color or Race: W — Birthplace: Cantons

Married, Single or Widowed — Occupation: —

~~Name of Wife or Husband~~ —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Richard Stumpf — Father's Birthplace: Balt

Mother's Maiden Name: Sarah — Mother's Birthplace: Baltimore Pa

Name of person giving Information: Richard Stumpf — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long: Life

Immediate: Exhaustion — How long: Life

Are the name, age, sex, color, date and place correctly given above? 1/20

Signature of Physician: D. W. Jones

Address: 3116 O'Donnell St

Accident or Suicide? —

LIBRARY BUREAU A88518

Name in Full: Margaret M Sweeney

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Mt Hope Retreat (County) Baltimore

Date of death: 1904 (Month) March (Day) 21st — Age (Years) 1904 (Months) — (Days) —

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving Imformation: Reeds Mt Hope — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia - See Dement. — How long: 22 yrs

Immediate: Dil. Stomach Gastric Intest. Sepsis. — How long: 2 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Hamerey

Address: Mt Hope Retreat Balto Co Md.

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full: Albert Talbott

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Catonsville — County: Balt

Date of death 1904 — Month: Mar — Day: 4 — Age — Years: 2 — Months: 5 — Days: 15

Sex: Male — Color or Race: Colrd — Birthplace: Carrol Co Md

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

Father's Name: Isaac Prettyman — Father's Birthplace: Sykesville

Mother's Maiden Name: Lucy Talbott — Mother's Birthplace: Carrol Co

Name of person giving Information: Viola Boston — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 8 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C L Glauffelter

Address: Health Office Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A98516

Name in Full: Jarvis Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 8 Nord Point Road; County: Balto Co

Date of death: 1904; Month: Mar; Day: 27; Age: Years 66; Months; Days

Sex: male; Color or Race: Blk.; Birthplace: Maryland

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Amanda Thomas

Father's Name: Unknown; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: John Thomas; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long: 3 wks

Immediate: Cardiac Syncope; How long: 3 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Williams M.D.

Address: 26 N. Patterson Pk. Ave.

Accident or Suicide? no

LIBRARY BUREAU A6881G

Name in Full: Anna Tinkler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Reisterstown — County: Baltimore

Date of death 1904 — Month: Mar — Day: 28 — Age — Years: 79 — Months — Days

Sex: Female — Color or Race: White — Birthplace: England

Occupation: House wife — Where Residing if not at place of death: Reisterstown

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: John Tinkler

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: John Tinkler 93 — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Pleuro-pneumonia — How long: Four days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James Gore M.D.

Address: Reisterstown Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88616

Name in Full: Isabella Tucker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St Georges station — County: Baltimore

Date of death 1904: Month: Mar — Day: 11 — Years: Age 2 4 — Months: 2 — Days: 2

Sex: Female — Color or Race: Colored — Birthplace: Balto co Md

Occupation: — Where Residing if not at place of death: St Georges station

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Isaac Tucker — Father's Birthplace: Balto co Md

Mother's Maiden Name: Emma Madden — Mother's Birthplace: Balto co Md

Name of person giving Information: Isac Tucker — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: about 6 Months

Immediate: Exhaustion from the above — How long: disease

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. White, M.D.

Address: Gilyndon, Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Turner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died — Town: Near Mt Washington — County: Baltimore

Date of death 1904 — Month: March — Day: 22 — Age — Years: still born — Months: 7 mos — Days: gestation

Sex: male — Color or Race: black negro — Birthplace: Mt Washington

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: William F Turner — Father's Birthplace: Mt Washington

Mother's Maiden Name: Sarah J. Morris — Mother's Birthplace: Salsbury Md

Name of person giving Information: Sarah J. M. Turner — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still birth, cause not known. — How long:

Immediate: 7 months gestation. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: William J Todd

Address: Mt Washington Md

Recorded or Solicited: 6th District

LIBRARY BUREAU A88516

Name in Full: Mary A Ashler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Woodensburg; County: Baltimore

Date of death: Month: Nov; Day: 31; Year: 1904; Age: Years: 64; Months: ; Days:

Sex: Female; Color or Race: white; Birthplace: Balto Co Md

Occupation: House wife; Where Residing if not at place of death: near Woodensburg

Married, Single or Widowed: widow; Name of Wife or Husband: Andrew J. Ashler

Father's Name: Samuel P. Ryland; Father's Birthplace: Baltimore Co

Mother's Maiden Name: Elizabeth Robinson; Mother's Birthplace: " "

Name of person giving Information: Mary Ashler; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

How long

Immediate: Pernicious anaemia.

How long: Several years

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Jas. F. Wilson M. D.

Address: Fowlerstown, Md.

Accident or Suicide?

179

LIBRARY BUREAU AM6016

Name in Full

Agnes E. Upton

Certificate of Daath

Town

Died at Grays

County

Balt

MARYLAND

Date 19 04	Month 3	Day 12	Age	Y. 1	M. –	D. –	Native of Maryland	Occupation –

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name Joshua Upton

Mother's Maiden Name Janie M. Hatch

Cause of Death: Primary — Acute Bronchitis — How long sick 6 days

Immediate — Exhaustion — Accident, ~~Suicide, Homicide~~

Reported by Thos B Owings

Address Deercourt Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79894

Name in Full: Barbara Walker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hamilton; County: Baltimore

Date of death 1904: Month: March; Day: 25

Age: Years: 17; Months: 4; Days: 17

Sex: Female; Color or Race: White; Birthplace: Balto City

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband:

Father's Name: Edward; Father's Birthplace: Balto City

Mother's Maiden Name: Elizabeth Summers; Mother's Birthplace: Balto, Co.

Name of person giving information: John H Summers; How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease; How long: 10 wks

Immediate: " " "; How long: 10 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. A. Lung, M. D.

Address: Hamilton, Md.

Accident or Suicide?

LIBRARY BUREAU A86316

Name in Full: Margaret Walsh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Royal Heights; County: Baltimore

Date of death: Month: Mar.; Day: 26; Year: 1904

Age: Years: 84; Months: 3; Days: 15

Sex: Female; Color or Race: White; Birthplace: Ireland

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Patrick Walsh; Father's Birthplace: Ireland

Mother's Maiden Name: Julie O'Brien; Mother's Birthplace: Ireland

Name of person giving information: Mrs. Maggie Walsh; How related to deceased: Great niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Debility, Contributory Apoplexy; How long:

Immediate: Syncope; How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Samuel McSweeny Jr.

Address: Ellicott City, Md.

Accident or Suicide?

LIBRARY BUREAU A38616

New Cathedral Cem. Tuesday 29 04

Jos. B. Cook (F.D.)

Name in Full: Jos. J. Walters

CERTIFICATE OF DEATH

MARYLAND

Died at: 1011 3rd St - Highland Town; Baltimore County

Date of death	Month	Day	Age Years	Months	Days
1904	March	25	47	—	—

Sex: Male

Color or Race: White

Birthplace:

Occupation: Carpenter

Where Residing if not at place of death: ——→

Married, Single or Widowed: Married

Name of Wife or Husband:

Father's Name: Clarkson Walters

Father's Birthplace: Pa.

Mother's Maiden Name: Sus. Winsey

Mother's Birthplace: "

Name of person giving information: Geo. Black

How related to deceased:

94.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pleurisy with Effusion — How long: 1½ Wks

Immediate: Dyspnea — How long: 24 hrs.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. A. Glantz

Address: 41 Easter Ave Ept.

Accident or Suicide?

LIBRARY BUREAU A88516

Knudell Lippel & Son

330 S. Bond st.

Mr. Trinidy — Cam.

Name in Full: John Frederick Wiesner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highland — County: Baltimore

Date of death 190 4 — Month: 3 — Day: 7 — Age — Years: 46 — Months: 5 — Days: 14

Sex: Male — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Single — Occupation: Manufacturer

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George F. Wiesner — Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Gesanger — Mother's Birthplace: Germany

Name of person giving In formation: Amelia Kraft — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Gastritis following Acute Alcoholism — How long: 6 days -

Immediate: Cardiac Failure — How long: 5 hrs -

Are the name, age, sex, color, date and place correctly given above? Yes -

Signature of Physician: Frank O Brown

Address: 1713 Bank St Balto Md

Accident or Suicide?

Lorraine Cemetery

H. Sanderson's

Name in Full: Mary Ellen Williams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ruxton — County: Balto

Date of death: Month: Mar — Day: 25 — Year: 1904 — Age: Years: 8 — Months: 3 — Days: 2

Sex: Female — Color or Race: White — Birthplace: Ruxton

Occupation: Scholar — Where Residing if not at place of death: Ruxton

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John L Williams — Father's Birthplace: Ulster Co Ireland

Mother's Maiden Name: Jennie L Iris — Mother's Birthplace: Pa

Name of person giving Information: John L Williams — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 5 days

Immediate: Peritonitis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. A Burlow Jr M.D.

Address: Riderwood

Accident or Suicide?

LIBRARY BUREAU A88516

A. S. Marshall
3539 Fall Road
Presbyterian Seminary Govanstown
Mar 30-04

Name in Full: Lewis T Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pikesville — County: Baltimore

Date of death 1904: Month: 3 — Day: 2

Age: Years: 64 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: — Occupation: Merchant.

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Dr Mathews 39. — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Jaw — How long: Some mos

Immediate: Exhaustion from above — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W O E Mynn

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: William H. Wills.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Clarksville. County: Balto.

Date of death 190 4: Month: March. Day: 20.

Age: Years: 53. Months: Days:

Sex: Male. Color or Race: white. Birthplace: Md.

Married, Single or Widowed: married. Occupation: clerk.

Name of Wife or Husband: X

Father's Name: X. Father's Birthplace: X

Mother's Maiden Name: X. Mother's Birthplace: X

Name of person giving information: X. How related to deceased: X

93.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dementia. How long: 5yrs.

Immediate: Lobar Pneumonia. How long: 4 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos Wade.

Address: Clarksville. Md

Accident or Suicide? No.

LIBRARY BUREAU A88318

John. E Haugh & Co
1422 Penn Ave
Balto MD

Per ayres

Name in Full: Theodore William Woodcock

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mt Washington — County: Balto

Date of death 1904 — Month: March — Day: 30 — Years: Age 81 — Months — Days: 20

Sex: Male — Color or Race: White — Birthplace: Balto City

Married, Single or Widowed: Widower — Occupation: Soldier

Name of Wife or Husband: Mrs Kate Woodcock

Father's Name: William Woodcock — Father's Birthplace: Penna

Mother's Maiden Name: Davidson — Mother's Birthplace: Balto

Name of person giving In formation: H. S. Blake — How related to deceased: Nephew

64

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long

Immediate: Asthenia — How long: Six days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: William E. Todd M.D.

Address: Mt. Washington Md

Accident or Sulcide?

LIBRARY BUREAU A88816

A S Marshall
Mt Olive Cemetery
April 1,

Name in Full

Certificate of Death

Bessie K Frey Younger

Died at Town Baltimore County —

MARYLAND

Date 1904	Month Day	Age Y. M. D.	Native of	Occupation
	3 . 22	32 , 4 , 22	Baltimore	~~House~~ Wife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of Thomas Younger

Father's Name John W. Frey

Mother's Maiden Name Mary S McComas

Cause of Death — Primary — How long sick

Immediate 116. General Peritonitis — Accident, Suicide, Homicide

Reported by Chas. E. Bresnell

Address Clayton Harford Co Md

Must be signed by physician, if any in attendance, otherwise b[illegible]oner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Maggie A. Zink

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lutherville; County: Balto

Date of death 1904: Month: Mar.; Day: 26; Age: Years: 39; Months: —; Days: —

Sex: female; Color or Race: white; Birthplace: Balto.

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: William Zink

Father's Name: David Gerhard; Father's Birthplace: Balto

Mother's Maiden Name: Mary Barlette; Mother's Birthplace: Balto

Name of person giving information: Mollie Gerhard; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease; How long: over one year

Immediate: Paralyses; How long: twelve days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Chalmers Robles

Address: Lutherville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A66818

John Burns Sons

Towson

Presbyterian Cemetery

Gravestones

Name in Full: Irene Annie Zwick

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highland — County: Balto.

Date of death 1904 — Month: 3 — Day: 4

Age — Years: — Months: — Days: 16

Sex: Female — Color or Race: White — Birth-place: Highlandtown

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband: —

Father's Name: Christian Zwick — Father's Birthplace: Md

Mother's Maiden Name: Anna Greiffon — Mother's Birthplace: Germany.

Name of person giving In formation: Christian Zwick 92 — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchial Pneumonia — How long: 4 days

Immediate: asphyxiation — How long: 1 day.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. F. A. Glantz.

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A68518